MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	1
4905	CERTIFICATE	OF	DEATH	

	4905	CERTIFICA	ATE OF DEATI	Н	· · · · · · · · · · · · · · · · · · ·	() 4 () Reg. Dist.	896 No.	
o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary	here deceased Land	b. COUNTY	W1CO		ion)
RURAL and give no	f outside corporate limits, write egrest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo		URAL ond give		
	AL (If not in hospitol, give street 118 Clyde Ave		d. STREET ADDRESS	Clyde			e. IS RES	
NAME OF DECEASED (Type or print)	HAZEL	Middle RUTH	BOZMAN	4. DATE OF DEATH	APR]		6-1-	Year 19 59
Female	White widow		B. DATE OF BIRTH Feb. 19,19	03	9. AGE (In years lost birthday) 56 yrs.	Months Do	-	R 24 HRS. Min.
Employee .	ON (Give kind of work done 10b. king life, even if retired) Shirt Facto	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Somerset				S A	COUNTRY?
James	W. Warwick		Beulah D					
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	s Evelyn Wa Salisbur	llace V. Ma	(Daught	ër)ll	8 Cly	de A
	m mediote (for (o), (b), and (c).]	of Eso	pha	zua -		NTERVAL BE	TWEEN DEATH
3	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				EN IN PART 1(c	PERFO	AUTOPSY RMED? NOX
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d. II While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City		(Cour	ıty)	(Stote)
21. I certify the alive an ACTUAL SIGNATURE	at lattended the decease wil 2 b . 19 2 Clferta 77 A	ed from sine 1, and that death	, 1953, to accurred at 7:00 M.D. 7// Came	ADDRESS (SI	the causes a reet, city or town,	Apr	date state	
Burial (Specify)	N, 226. DATE THEREOF Apr. 28, 195	22c. NAME OF CEMETERY O		22d. LOCAT	ion (City, town, o	r county)	(State	e)
HOLLOWAY		ADDRESS SALISBURY MAI	RYLAND 240. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNA	TURE	

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billion , the s	THE TWO THE S		NEW . 13 CAMPUT
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7 FilmG242 5-20-59 et CERTIFICATE OF DEATH 4907 Rea. Dist. No. director -PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNT MARYLAND COMICO PLO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL/ond give negrest town) ploods d. NAME OF HOSPITAL Of nat in haspitat, give street address) IS RESIDENCE d. STREET ADDRESS offe OR INSTITUTION ON A FARM? by YES NO ENINSU 2 NAME OF 4. DATE First Middle Last Month Day Year Filled DECEASED DIF (Type or print) DEATH 190 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Days Hours WIDOWED | DIVORCED camp 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY /11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 507 haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' Address attending edse 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO by Conditions, if ony, which permit signed gove rise to immediate DUE TO couse (o), stoting the underpup lying couse lost physician. burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? d NO [YES M attending 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [certificate OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY Home, form, 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. m While Not while of work of work p. m. 1954, that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred at_ A.M., from the causes and an the date stated above. ADDRESS (Street) DATE SIGNED ACTUAL DIREC shauld PHYSICIAN'S FUNERAL NAME (Type) 3 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Know VS A15 (4) ALCE-DATE APR 1 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIREC : After this certificate has been signed by the attending physician and campletely filled in by	old be be be be be or use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2	prior to burial, cremation, or removal and in one event within 72 hours offer death.
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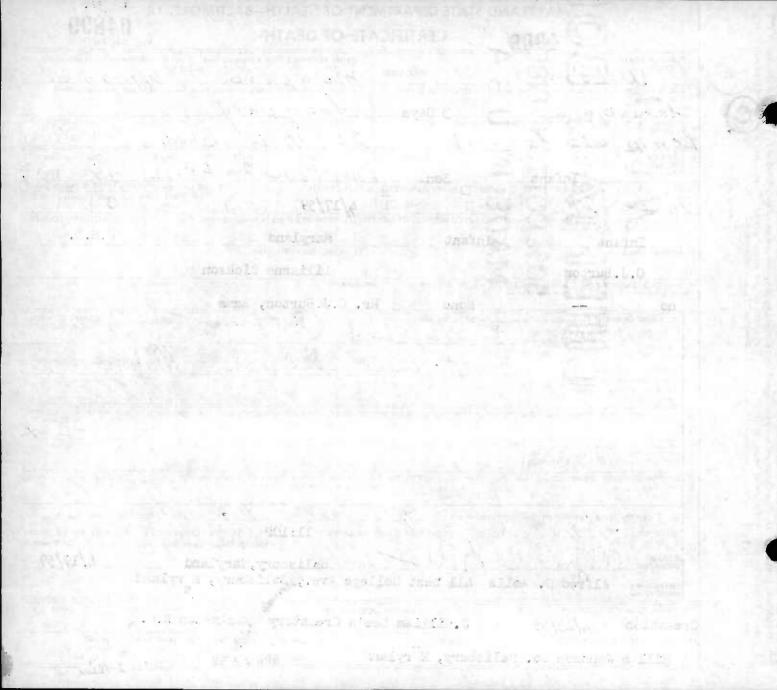
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4908 CERTIFICATE OF DEATH 04898 Reg. Dist. No. **CERTIFICATE OF DEATH**

1. PLACE OF DEATH o. COUNTY Wi	comico		MARYL	AND	2. USUAL RESIDENCE (V o. STATE Marvl		b. COUNTY	-	e before o		ion)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	f outside corpo	rote limits, write I)
Salisbur	Ty		1 month		Cambri	dee	0	913.	2		
OR INSTITUTION	TAL (If not in hospitol, g Head State		oddress)		d. STREET ADDRESS 205 Fra				e. 1	A NC	DENCE FARM?
3. NAME OF DECEASED (Type or print)	Harry		Middle H•		Bromwell	4. DATE OF DEATH	Apri.		Day 17		eor 9 59
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED		8. DATE OF BIRTH 9/14/1881		9. AGE (In years lost birthdoy) 77 yrs.	Months Months			
10a. USUAL OCCUPATE during WAY BHING	ON (Give kind of work of the office of the o	done 105	AFOOD SINESS OF	INDUS	TRY 11. BIRTHPLACE (Stor		ountry)		ZEN OF W	/HAT	COUNTRY
13. FATHER'S NAME John Br	omwell				14. MOTHER'S MAIDEN						S En
15. WAS DECEASED EVE (Yes, no. or Mown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of so	CES? 167	INKNOWN NO.	17, IF	NFORMANT Hospit	al Reco	ords Add	ress			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Co	e for (o), (b), ond (c).] Pronary thr	ombo	osis				INTERVA ONSET	AL BET	DEATH
Conditions, if a gove rise to i couse (o), stating lying couse lost.	immediate (Aı	rterioscler	otio	cardiovascu	ular di	sease			?	
PART II. OT	HER SIGNIFICANT CON	DITIONS C			NOT RELATED TO THE TERM			/EN IN PART	P	ERFOR	NO [
	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED). (Enter noture of injury in	Port I or Part	II of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	P. 19	While of work	Not while of work	foc	CE OF INJURY (Home, for tory, street, office bldg., et	tc.)			ounty)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S	Drill 17	lel	and that	h 10 death		PM, from ADDRESS (SIN S Head	the causes of the causes of the causes of the causes of the cause of the cause of the cause of the causes of the c	and on the	e date s	DA	deceased d above TE SIGNED
220. BURIAL CREMATIC BURIAL CREMATIC BURIAL (Specify)	Le V. Mald DN, 22b. DATE THEREO APRIL 2	F	22c. NAME OF CEMET	ERY OR		22d. LOCAT	Eryland ON (City. lown, T NEW MA		MAR	(Stote)	
23. EUNERAL DISECTOR	FUNERAL SER	VICE	CAMBRIDGE			D BY REGISTI	RAR 24b. REGI	STRAR'S SIGI	NATURE		IND

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 02		4909 CERTIFICATE OF DEATH (14899) Reg. Dist. No.
th. Page and director of filed with		1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)
s after death	2	RURAL and give nearest town) AALS DUIS A. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION O. IS RESIDENCE ON A FARM?
hin 24 haur y filled in b ages 1 and		3. NAME OF DECEASED (Type or print) Infant Son Burton Death APII 1959
T T		make white widowed Divorced 4/17/59 lost birthdoy) yrs. Months Bys Hours Min.
de de		10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Infant I
0 5 5 5		13. FATHER'S NAME O. J. Burton Lilianne Dickson
th certificate ding physicia sse remave co in 72 haurs af	8	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None No. J. Burton, Same
requires that the death ian. so signed by the attendin nsit permit. Then please and in any event within '		18. CAUSE OF DEATH [Enter anly one cause per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (c) DUE TO (c)
AN: The law ending physic ficate has bee ficate burial-trai ar remaval,	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO SET ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
S PHYSICA pital ar atte this certificant use as cremation,	i	20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While at work
OR ATTENDING ined; b hasp DIREC X: After Id be detached f priar ta burial,	/	21. I certify that lattended the deceased from
O HOSPITAL may be reta O FUNERAL page 3 shau the registrar		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 4/23/59 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Wasington D.C. (Stote)
VS A15 (4) 15M 9/5B		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
	20	82284XVD may & Baker



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heral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Yellow the retained with hospital or attending physician.

Yellow the retained with hospital or attending physician.

Yellow the resistant part of the position of the physician and campletely filled in by it page 3 should be betached for use as the burial bearing permit. Then please remove carbon papers. Pages 1 and 2 struction of the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIM	ORE, 18

4910

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Mary)	b. CC	nstitution: Residence before DUNTY Wicomi	
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		1	No area Coli	write RURAL and give neare	
d. NAME OF HOSPITAL (If not in hospital, give or institution 810 East Rd	ve street address)	d. STREET ADDRESS 810 East	Rđ		IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) Thomas	E. Butler	Lost	4. DATE OF DEATH	Month Doy	Yeor 19 59
52 9	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8- 14- 1891	9. AGE (In last birth	years IF UNDER 1 YEAR II	
10a. USUAL OCCUPATION (Give kind of work de during most of working life, even if retired) Minister	che 10b. KIND OF BUSINESS OR INDUS	Marylar	or foreign country) 1d.		WHAT COUNTRY?
William E. Butler		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unknown) (If yes, give wor or dates of sen	vice)	NFORMANT Thomas Butl	er, 810 Eas	Address	bury. Md
PART I. DEATH WAS CAUSED BY: 3 4 × DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING COUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH UT IF EITHER, NOTIFY MEDICAL EXAMINER!	THE SCHOOL STITIONS CONTRIBUTING TO DEATH BUT	NOT-RELATED TO THE TERMIN	NAL DISEASE CONDITION	ON GIVEN IN PART 1(o) 19.	WAS AUTOPSY PERFORMEDSY
	0b. DESCRIBE HOW INJURY OCCURRED				
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 19	20d. INJURY OCCURRED 20e. PLA While Not while at work of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify that lattended the calive an ACTUAL SIGNATURE PHYSICIAN'S	, 1957, and that death		M. from the could be considered to the could be	ses and an the date hown, stote)	
NAME (Type) E. A. Purne 220. BURIAL, CREMATION, 226. DATE THEREOF	11, M. D.	Salisbury			<u>'</u>
Burial 4/11/1959	FEDERAL H	4 1	22d. LOCATION (City.) Federalsbur		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE J.F. Stewart Funeral Ho	me, Salisbury, Md		PR 1 6 '59	REGISTRAR'S SIGNATURE	4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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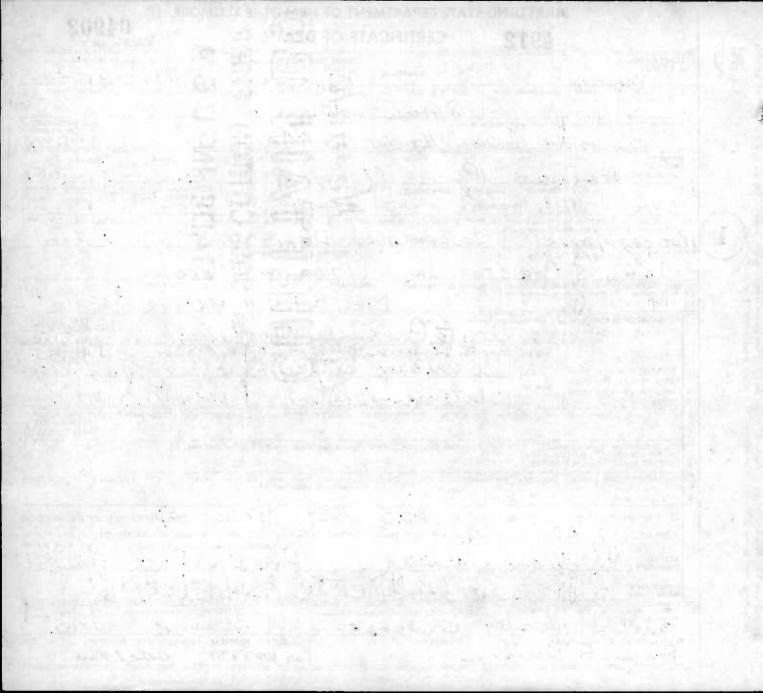
CERTIFICATE OF DEATH

04901 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
o. COUNTY Wicomico MARYLAND	o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisoury	x Nanticoke
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Peninsula General Hospital	YES NO G
3. NAME OF DECEASED (Type or print) HZX0/8 BY/5C08	Causey 4. DATE Month Doy Yeor OF DEATH APY 20 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In freers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	7/13/1901 57 yrs. 9 7
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Carpenter Boat Railway	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Briscoe	Annie Murray
U U	FORMANT Address
(Yes. ne, or unknown) Iff yes, give war or dates of service) M	rs Howard Gordy, Sr., Salisbuey, Md.
	rs Howard Gordy, Sr., Salisbuey, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED 8Y:	ONSET AND DEATH
IMMEDIATE CAUSE (0) TCOTC CORO	NARY UCCUSION. 2460RS
420./ DUE TO	
(Conditions, if ony, which) (MENNARY TA)	suttreiency 44enes
gove rise to immediate DUE TO	
lying couse lost.	elerasis 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
OITA ————————————————————————————————————	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (Slote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while foot work of work	tory, street, office bldg., etc.)
r-m	C. MIN. A. PORL DONALL
	4., 1947, to 20 17 1211, 1959, that I last saw the deceased
alive on 1959, and that death	occurred at 1 4512 M, from the causes and an the date stated above.
1 (1) 0 011 (2) 0.	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE LEVEL H. Dundlus	10. 1 Yulube lot. 4122159
MANAGRANIE	
PHYSICIAN'S Richard H. Saunders	Nanticoke, Maryland 4/22/59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 4/22/59 Turners Ce	m. Nanticoke Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Mah such Rivalva Manulan	AND 0 4 150
C. T. Pasch, Bivalve, Marylan	O DAIR

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VS A15 (4)

15M 10/57

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o. COUNTY Wi	.comico		MARYLAND	2. USUAL RESIDENCE (Mo. STATE Maryl		d lived. If institution b. COUNTY		before odr	nission)
b. CITY OR TOWN (II RURAL and give ne Salisbur	TY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and grant properties of the stay						URAL and gi	ve nearest to	iwn)
d. NAME OF HOSPIT. OR INSTITUTION,	ead State		oddress)	d. STREET ADDRESS				10	RESIDENCE I A FARM?
NAME OF DECEASED (Type or print)	Paul		Middle Gladys	Cooper	4. DATE OF DEATH	Mon Apri		6 Day	Yeor 19 59
Female	6. COLOR OR RACE White	7. MARR		8. DATE OF BIRTH 1/28/1918		9. AGE (In years lost birthdoy) yrs.	Months D	YEAR IF UN	
Nacise	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDU	Marylan	ıd	ountry)	12. CITIZ	USA	AT COUNTRY
George D	ennis			Myra Dis					
. WAS DECEASED EVER	R IN U. S. ARMED FOR		12-14-42H		tal Re	cords Addr	ess		
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		Abscess of ri	ght lung				INTERVAL ONSET AN	
Conditions, if ar gove rise to in cause (a), stoting t lying couse lost.	nmediate (Chronic pneum	nonitis				?	
PART II. OTH	Bronchial	Asth	CONTRIBUTING TO DEATH BUT				EN IN PART	1(o) 19. WA PER YES	FORMED?

OR CONTRIBUTING | CAUSE OF DEATH

20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while at work of work p. m.

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County)

(Stote)

Feb. 26, 1959 ____, 1959___,that I last saw the deceased 21. I certify that I attended the deceased from. April 6 59_, and that death occurred at 7:55A.M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL Deer's Head State Hospital PHYSICIAN'S V. Maldve, M. D. NAME (Type)

Salisbury, Maryland

22b. DATE THEREOF 220. BURIAL EREMATION. 22c. NAME OF CEMETERY OR EREMATORY 22d LOCATION (City, town, or county) EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Criting & thouse DATE APR 8

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary. P	. A	15	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hy	
5	M	2/9	7	
63				

MEDICAL EXAMINER'S CERTIFICATE OF DEA	ATH (14904) Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived.	. If institution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town)	
d. NAME ON HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print) 4. DATE OF DEATH	Month Doy Year 4 20 19 19
5. SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE Male Negro WIDOWED DIVORCED 2-1956 2	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
13. ATHER'S NAME (allmon Mildred Ca	Umox
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Unknown) (If yes, give wor or dates of service) Mildred Catt	Address
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN DISET AND DEATH
Conditions, if any, which (b)	
gave rise to immediate couse (a), stating the underlying cause last. DUE TO	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item II cause OF DEATH.	ITION GIVEN IN PART 1(0) 19. WAS AUTOPS: PERFORMED? YES NO
	18.)
20c. TIME OF INJURY Month. Doy, Year Hour o. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)) (County) (State)
21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection opinion death resulted from: Natural causes X. Accident T., Suicide T., Hamicide T.	an , Inquiry , and in m
ACTUAL Philip R Seisles M.D. CHIEF MEDICAL EXAMINER [DATE SIGNED
EXAMINER'S Philip A, Insley DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	4-22-5
220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF GENETERY OR CREMATORY 22d, LOCATION (CITY) SEMOVAL (Specify) 4-27-9 Odd + Olorus Com (100)	ty, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR DATE MAY 5 59	CATHUR & TRANS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4915

CERTIFICATE OF DEATH

()4905 Reg. Dist. No.

)	1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. STATE b. COUNTY
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
	RURAL and give nearest town) Lab 1 S b 4 1 9	OCEAN CITY 23X-2
1	d. NAME OF HOSPITAL (If not in happital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
4	Peninsula General	CPGUNTER AVE YES NOX
	3. NAME OF DECEASED (Type or print) FER COER 7 JOSEPH C	POPPER 4. DATE Month Day Year OF DEATH (1) 11 1 1959
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	make White WIDOWED DIVORCED	NOV. 27, 1924 34 yrs.
	10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR INDUS	1
	EMPLOYGE (U.S.) U.S. P. OFFICE	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
H	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	HANA HUDSON NFORMANT Address MID
	(Yes, no. or upknown) (If yes, give wor or dates of service)	IR. GRANVILLE CRUPAGE DR. OCEAN CIT
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cernal entenales
	23/X DUE TO	
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stating the <u>under-</u>	
	16)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	TO ATIC	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
f	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. While at work at work at work	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) ctory, street, office blda., etc.)
	p. m. 19 at work at work	
	21. I certify that I attended the deceased fram. 4-12	1959, ta 4-14, 1959, that I last saw the deceased
	alive on 4-14, 19 a 9, and that death	
H	ACTUAL 100 //01 Q . P///01	ADDRESS (Street, city or town, state) DATE SIGNED
-	SIGNATURE COLOR STATE COLOR ST	M.D. 22 2023 440 7 160 5,
	PHYSICIAN'S NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY 2	
	BURIAL 4/15/59 000 1-6	LLOWS BISHOPYILLE MD
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 2 0 159
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4916 CERTIFICATE OF DEATH

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	2010					Keg. Di	31. 140.	
1. PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND	2. U	STATE Maryl		b. COUNTY Wico		
b. CITY OR TOWN (RURAL and give n	(If outside carporate limits, write	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (IF	utside carporote l	imits, write RURAL and	give near	'est town)
Salis		three days	X	Salis	bury (H	Rural)		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress)	10	. STREET ADDRESS			•	N. IS RESIDENCE
	s Head State Ho	spital		Dagsb	oro Road	(R.D.#	3)	YES NO NO
3. NAME OF	First	Middle		Last	4. DATE	Month	Doy	Yeor
(Type or print)	Martha	Kissam		Bellows	OF DEATH	April	3	19 59
5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DAT	E OF BIRTH	9. A	GE (In years IF UNDER st birthdoy) Maeths	1 YEAR	
Female	White WIDOW	DIVORCED		February 19	.1862 "	97 yrs. Mooths	74	Hours Min.
	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 1	1. BIRTHPLACE (Stote	or foreign country	12. CIT	IZEN OF	WHAT COUNTRY
None (H	louse Work)	None		New J	ersev		IJ.	S. A.
13. FATHER'S NAME	0450 101117	110110	14.	MOTHER'S MAIDEN N				
Tho	mas B. Kissam			Ma	rtha Gil	Llingham		
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORM			ole (Däüght	(~~)	P D #2
(Ye. po. or unknown)	(If yes, give war or dates of service)	MI	S.F	Hospital	Records	- Salisbury	Ma	ryland
	ATH [Enter only one couse per lin	ne for (o), (b), and (c).]						RVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: Ar	teriosclerosti	ic -	Cardiovas	cular Di	sease	ONST	E AND DEATH
4dd.1	DUE TO							
Conditions, if a	ony, which) (b) Ar	teriosclerosis	3 -	General			3	fears
gove rise to	immediate (DOLLOU OLOU OLOU		0.012.012.012				
couse (o), stating lying couse last.	(c)							
PART II. OT	HER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	TNOTE	ELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN IN PAR	T 1(o) 19	. WAS AUTOPSY
PART II. OT	Old Cerebral	Thromhosis						PERFORMED?
		CRIBE HOW INJURY OCCURRE	D. (Ente	er noture of injury in I	Port 1 or Port II of	item 1B.)		
200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DESC G CAUSE OF DEATH MEDICAL EXAMINER)							
3 20c. TIME OF INJUI	RY Month, Doy, Year 20d. It	NJURY OCCURRED 20e. PL	LACE O	F INJURY (Home, form	, 20f. (City or to	own) ((County)	(Stote)
20c. TIME OF INJUI	19 While of work	_ Not while fo	ctory, s	treet, office bldg., etc.	1			
		1/2/50		. 1	/3/50			
1	hat I attended the deceas			19, to4	D	, 19,that I	last sa	w the deceased
alive on4	JD/ 27 1 19	, and that death	OCCL				he date	
ACTUAL	MILLA					city or lown, stote)		DATE SIGNED
SIGNATURE	a - war an	1	M.D		alisbury	, Maryland		4/4/59
PHYSICIAN'S NAME (Type)	L. Maldve, M.	D. D	eer	's Head	State B	Hospital-S	Sali	sbury, M
220. BURIAL, CREMATIC	Apr. 5 /59	Wicomico M				(City, town, or county)	ryl	(Stote) and
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		24a. REC'	D BY REGISTRAR	24b. REGISTRAR'S SIG		
HOLLOWAY	& COMPANY	SALISBURY MA	RYI	AND DATE AP	R 9 '59	arthur &	16	

In the hospital or attending physician.

We shall have been signed by the attending physician and completely filled in by Sneral director.

We shall have as the burial permit. Then please remove carbon papers. Pages 1 and 2 mould be filed with the burial, cremation, or remodit, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 the registrar prior to burial, cremation, ar remay may be retained TO FUNERAL DIR page 3 should b VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	4917	,	CERTIF	ICA	ATE OF DEA	TH		Reg. D	ist. No		,
1. PLACE OF DEATH o. COUNTY	Wicomic		MARYL	AND	2. USUAL RESIDENCE o. STATE Mar	(Where decease yland	ed lived. If instituti b. COUNTY				sion)
b. CITY OR TOWN (III	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN	(If outside corp	orote limits, write R	URAL ond	give ne	arest low	n)
Salisbury	, Maryland		10mo. 17 d	ays	Oriole	, Maryl	and	19	X - =	2	
d. NAME OF HOSPIT	AL (If not in hospitol, ger's Head	Statt	oddress) e Hospital		d. STREET ADDRES	S				ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Beulah	st	Middle Cordelli	a	Crosswell	4. DATE OF DEATH	Mon Apr		19	*	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	HONDE Months		-	ER 24 HPS.
Female	White	WIDOW	ED DIVORCED		Mar. 22,	1881	78 yrs.	Monins	Days	Hours	Min.
during most of work Housew	ON (Give kind of work inc life, even if retired LIE	done 10b.	KIND OF BUSINESS OR unk	INDUS		yland	country)	12. CI	USA		COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME					
Za	doc Phoebus	3			Ro	berta J	ones				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IP	NFORMANT		Add	ress			
unk	ir yes, give war or dates or s	· vice;	unk		Hospital	Records	Sa]	isbu	ry,	Mary	land
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) nmediate	Hyp	one for (o). (b). ond (c).] onary occlus ertensive Ar			c Cardi	vascular	dise	ON	FRYAL BISET AND 6 hr	DEATH
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT					EN IN PA	RT 1(o)	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING	CAUSE OF DEATH	200, 000		CONNEC	, (eme. noroz o,,o.,						
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While of wor	k Ot while	foc	ACE OF INJURY (Home, story, street, office bldg.,	, etc.)			(County)	jp	(Stote)
21. I certify the alive on Apr ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	• 179	, 12_ .ev	ed from June 2 59, and that a make.	death		ADDRESS ('/	and an stole)	last so the da	te stat	decease ed abov ATE SIGNI
220. BURIAL, CREMATIO	4/22/) 59	22c. NAME OF CEMET		R CREMATORY		iole, Ma			(Sto	le)
23. FUNERAL DIRECTOR	s signature	en	ADDRESS Man Ji	cin	cess Anna	REC'D BY REGIS		STRAR'S S			

VS A15 (4) 15M 9/55

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Township of the Cepting Sept. (1997). 2017 Only the Cepting Sept. (1997).		320 (100)			•
Maria de evendo a Car Maria de Cardo		The rap I		TALL BRIGHTS	

5M 9/55

Reg. Dist. No.

INTY	Wicomico		MARYL	AND	o. STATE Mar	ylan	d b. COUNT	W1	com	ico	
OR TOWN (If o	utside corporate limits, write		c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (II	f outside cor	porote limits, write	RURAL and	give nec	rest tow	n)
	Powellvi	lle			X Por	vellv	ille (Rural			
***			pital, give street address		d. STREET ADDRESS	.,					SIDENCE A FARM?
R.D.#	Pittsvil	le			R.I).# P	ittsvil	le		YES [№ □
OF SED	First		Middle		Last	4. DATE OF	Month	1	Day	Ye	ar
or print)	ALV	IA	JEFFER	SON	DAVIS	DEATH	APR	IL	25t	h 19	59
	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	3. D	ATE OF BIRTH		9, AGE (In years last birthday)	IF UNDER			R 24 HRS.
ale		WIDOWE	-		Sept.22,19		55 yrs.	Mogths I	ogys	Hours	Min.
AL OCCUPATION	(Give kind of work d	lone 10b. 1	IND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZ	ZEN OF	WHAT C	OUNTRY?
orer	,		None		Powelly	rille	Maryla	nd	US	A	
ER'S NAME		137		1	4. MOTHER'S MAIDEN						
omas Je	efferson	Davi	S		Mary Ma	artha	Perdue				
	R IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO.	Trs.	Mary Mart	tha Da Pitt	avis(Mo	ther) Mary			vill
AUSE OF DEATH	Enter only one caus	e per line	for (o), (b), and (c).]						INTERVA	AL BETWEE	IN IH
PART I. DEATH	WAS CAUSED BY:	Gn	nshot wou	nd o	of heart						den
776X	DUE TO							140.5			100
ditions, if any	, which) (b)										
rise to immedi- stating the ur	ote cause			111111		1100	4,211				
e lost.	(c)					West Co					
PART II. OTHE	R SIGNIFICANT COND	OITIONS CO	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART		WAS A PERFOR	NO X
EXTERNAL CAUS ARY LA CONT E OF DEATH.	E WAS TRIBUTING 20th		HOW INJURY OCCUR			t I or Port II	of item 18.)	312	Til.		
TIME OF INJURY	Month, Day, Year		Ot self 1			n, i 20f. (City	r or tawn)	(Cou	nty)		(Stote)
Hour Ao. m.				foctory	, street, office bldg., etc	-)				300	
			remains described		m home.		rsonsburnspection 🔼				
		-			de \overline{X} , Homicide				<u>y 124</u> ,	and r	ina inai
in resulted	from: Natural o	duses	, Accident [i,	SUICIO	e Fi, Homicide	, U, O	ndetermined o	oose []	•		
UAL IATURE	PL	1	ne		M.D. CHIEF MEDICAL E	XAMINER [DATE SI	GNED
MINER'S D.		-			ASSISTANT MEDIC			-		1-	
LE (Type)			yer		DEPUTY MEDICAL			oril	27	/1	959
AL CREMATION SVAL (Specific) BUTTAL	Apr. 28, 1		St Johns		netery		CION (City, town, ellvill		ryl	(Stote and	
RAL DIRECTOR'S			ADDRESS		240. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SHE	NATURE	A	
LOWAY 8	& COMPANY	S	ALISBURY	MAR	LAND DATE	AY 1	23	254			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		Andreas State Mark Control of the State of t
		Servente de la manta de la Maria de la manta del manta de la manta del manta de la manta del la manta de la manta dela manta del la manta dela manta d

	MARYLAND S	STATE DEPARTMEN	NT OF HEALTH—BALTIMORE,	18
	4966	CERTIFICAT	TE OF DEATH	(14908 Reg. Dist. No.
CE OF DEATH		2	. USUAL RESIDENCE (Where deceased lived. If insti	tution: Residence before admission)

1.	PLACE OF DEATH o. COUNTY W1	comico	MARYLAND	2.	o. STATE Marvlan			If institution.	Wic	om 1	re odmis	sion)
Г	b. CITY OR TOWN (RURAL ond give no	If outside corporate limits, wri earest town)			c. CITY OR TOWN	If outside c	orporote lin	nits, write R	URAL ond	give ne	prest town	n)
-	Delmar	TAL 07 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 years	12	Delma							
	OR INSTITUTION	TAL (If not in hospitol, give str W. State S	treet	1	d. STREET ADDRESS		e St	mont			ON A	SIDENCE FARM?
=	9			11				T.eer			162] NO 🔀
3.	NAME OF DECEASED (Type or print)	First	Middle		Lost	4. DA		Mon		Do	-	Yeor
-		Ernest	Del	_	avis	DE		pril	12			19 59
3.	SEX	6. COLOR OR RACE 7. M	ARRIED 🖾 NEVER MARRIED 🗌	B. D.	ATE OF BIRTH		9. AG	E (In years birthdoy)	Months	Doys	-	ER 24 HRS.
	Male	1177700	OWED DIVORCED		,	1886	1	3 yrs.	Months	Doys	Hours	Min.
100	during most of wor	ON (Give kind of work done I king life, even if retired)	06. KIND OF BUSINESS OR IND		11. BIRTHPLACE (St	ote or forei	gn country)		12. CI	TIZEN C	F WHAT	COUNTRY
	Clerk		Grocery Sto		Delawa					USA		
13.	FATHER'S NAME			14	I. MOTHER'S MAIDE	N NAME						
	John	James Davis			Mary En	nily	Ber	son				
		R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFO	THAMS			Adde	ess			
1,,,	No	(If yes, give war or dates of service)	222-01-7549	A	ugusta	Davi	ls. I	elma	r. M	d.		
	IB. CAUSE OF DEA	ATH [Enter only one couse pe	r line for (o), (b), and (c),]		- 4		-				ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	enti Edem	a	of Lmy	ro du	et Ca	Eline	forth	ON	2 AND	DEATH
	4-06 of 11	DUE TO	0 0	691	0	1		13		1		
	Conditions, if o		Bone Can	tu	e lan	color	on Ti	nin	re	E2.	792	1
	gove rise to i couse (o), stating									11		
	lying couse lost.	(c)										
CATION	PART II. OTI	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	IT NOT	RELATED TO THE TE	RMINAL DIS	EASE CON	DITION GIV	EN IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED?
CERTIFIC	20a. ACCIDENT WA	AS UNDERLYING [] 206. [DESCRIBE HOW INJURY OCCURR	ED. (E	nter nature of injury	in Port I or	Port II of i	tem 18.)			163	NO 12
1 .	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR Hour o. m.	. WI	nile Not while	LACE octory,	OF INJURY (Home, for street, office bldg.,	orm, 20f.	(City or tow	n)	(County)		(Stote)
Z	p. m.	loi v	work ot work	_		10	1.40					
	21. I certify th	at I attended the dece	eased from /nwi		, 19 AL, to	1119	1-2	., 19.67	_,that I	last so	aw the	deceased
	alive an	4//	209, and that deat	h oc	curred at 14	AM, F	ram the	causes a	nd an t	he do	te state	ed abave
		PLI R	P		n			ty or town,				ATE SIGNED
	ACTUAL SIGNATURE	21/11/11	nich	_M.D.	/Jell	mai!	Br					
	PHYSICIAN'S NAME (Type)	: H, L, y 110	ch		2	In	nes	De	1-			
22c	BURIAL CREMATIO	22b. DATE THEREOF	22c. NAME OF CEMETERY OF Melson	OR-CR	EMATORY			ity. town, o			(Stot	e)
23	PUNERAL DIRECTOR		ADDRESS		24a. R	EC'D BY RE		24b. REGIS		GNATUI	RE	
Z	110 7/	Janel Co	1- Nelma	CK	LI DATE	PR 1 5	'59	au	lug g	K	-	

FOR DEALTH-BALTIMORE, 18	STATE AND STATE SHOP	
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	THE THE RESERVE	PERMITTED BY A STATE OF
	A THE PARTY OF THE PARTY OF	
Section 2 (The Party of Barrier)	TATAL SALE	tare les les
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	SPATIMENT SERVICE	
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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for add to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for it files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Books of Health, ar its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 hours after death.

execute the certification 4 should be for VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4918 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4909 Reg. Dist. No.

1.	PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where de		institution: Resi	dence bef	ore odmis	sion)
-		Wicomic		MARYLAND	V. SIAIC V	irgini	a	OUNIT			1
	b. CITY OR TOWN (If a and give nearest town)	outside corporate limits, writ-	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside	corporete limits,	, write RURAL o	nd give ne	eorest fow	rn)
	Salisb	שיינו				Chir	coteas	פווי	X	3	
			If not in he	ospital, give street address)	d. STREET ADDR	ESS		3-VLV			SIDENCE
		a Genera	l Ho	spital	North	Main	Stree	t			NO ST
3.	NAME OF DECEASED	Fir	1	Middle	Lost	4. DATE		Month	Doy	Ye	тог
	(Type or print)	Josep	h	Ι	errickso		TH	11-	11-	19	59
5.	SEX	6. COLOR OR RACE	7. MARR	IED T NEVER MARRIED			9. AGE (In)	FUNDE	RIYEAR	IF UNDE	R 24 HRS.
	MM	W	WIDOW	Carl Carl	Oct. 16,1		lost birthdo	yrs. Months	Days	Hours	Min.
10	during most of working	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreig	n country)	12. C	TIZEN OF	WHAT	COUNTRY?
	Ret. Coa	st Guard			Virgi				U.S.	Δ.	
13	. FATHER'S NAME				14. MOTHER'S MAIL				0.0.	220	
	Frank L.	Derricks	on		Emma W	atson					
Ji:	. WAS DECEASED EVE		RCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		A	ddress			
1"	Yes Wi	orld War	2 2	227-34-3310	Biel Tr	mer la	ساسعيو	Chine	otiea	gue	. Va.
F	18. CAUSE OF DEAT	H [Enter only one cou	se per line	for (o), (b), and (c).]					INTER	VAL BETWEE	N.
		WAS CAUSED BY		Cerebral ede	ema					Sudd	
	3220	DUE TO			21200					5000	
	Conditions, if on			Acute alcoho	olism				8	Hou	rs
	gove rise to immedi	ote couse			222					2200	
	(o), stoting the u	nderlying (c)									
Z	PART II. OTHI		-	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISI	ASE CONDITIO	N GIVEN IN PA	RT 1(0) 15	WAS A	HTOPSY
ATIO									93	PERFOR	
CERTIFICATION	200. EXTERNAL CAU	SE WAS 20	b. DESCRI	BE HOW INJURY OCCURRED.	Enter noture of injury i	n Part I or Por	I II of item 18.1		1.	car.	140 []
CER	PRIMARY OF CON	TRIBUTING []					, , , , , , , , , , , , , , , , , , , ,				
र्ड	20c. TIME OF INJUR	Month, Day, Yea	r 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home	, form, i 20f. (City or town)	(C	ounty)		(State)
MEDICAL	Hour o. m.	19	Whi	le Not while fac	tory, street, office bldg	., etc.)					
~				remoins described abo	ove, held an Au	lonsy	Inspection	LA Inqui	iry [4]	ane	l in my
		esulus from: 1		37.							i in my
	opinion deom t	O TOME		, Accident	, solcide	j, Homici	de [], Or	determined	monne	, []	
	ACTUAL /	5 /1	10	~ 2	CHIEF HEDIC	AL EXAMINER	_			DATE SI	GNED
	SIGNATURE	, non C	, ,	X	M.U.		_				
	EXAMINER'S NAME (Type)	Earl L.	Roye	r, M.D.		ICAL EXAMINE	7.7	4-17-5	59		
22	BURIAL CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEMETERY OF	R CREMATORY	22d. tO	CATION (City, 1	own, or county)		(Stote)	
	Burial	April 74	. 50	Downing Cer	neterv	0a1	K Hall	Viro	into		
23	FUNERAL DIRECTOR'S	SIGNATURE /	129	ADDRESS		REC'D BY REC		REGISTRAR'S S		E	
17	millian	A dela	200	hincoteague	TT DAY	E APR 3	159	arthur .	04		
4		-		TITIOO PESTINE	Va. DAT		0 04	What	a Tleas	14	

MEDICAL EXAMINATE CERTIFICATE OF DEATH HOWELD BY AND THE THE REAL PROPERTY OF THE PARTY OF THE P and the property of the Engineering of the property of the pro - 1924 - CONTROL (1970 - 1971) - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1971 - 1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4919 CERT

CERTIFICATE OF DEATH

()491() Reg. Dist. No.

									-		
1. PLACE OF DEATH o. COUNTY	Wicomico		MARY	LAND	2. USUAL RESI	Mary:		lived. It institu b. COUNT	tion: Reside	nce belore	admission)
b. CITY OR TOWN RURAL ond give r	(II outside corporate limi regrest town) Salisbury	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR	en	utside corpor	ote limits, write	RURAL ond	give neare	st town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspitol, g Pen Gen H				d. STREET		N.Di	vision	St		IS RESIDENCE ON A FARM
3. NAME OF DECEASED (Type or print)	FREDERI		Middle AUGUSTU	JS I	DISHAR(4. DATE OF DEATH		nth RIL	Doy 281	Yeor th 19 5
s. sex Male	6. COLOR OR RACE White	7. MARRIE			B. DATE OF BIRT			9. AGE (In year lost buthday)	Months		UNDER 24 H Hours Min
auring most of wor	ON (Give kind of work or rking lile, even if retired Carpenter		IND OF BUSINESS OF	RINDUS				yland		TIZEN OF	WHAT COUN
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
John Si	dney Dish	aroon	1		Ma	ary A	nn Ma	son			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR- (If yes, give wor or dates of se		OCIAL SECURITY NO.	Mr.	TOT N	rick	A.Di ision	sharog	n Jr)Sor	1 Md.
Conditions, if a gove rise to cause (o), stating lying cause last. PART II. OT	the under-		DATRIBUTING TO DEA	TH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PAI		WAS AUTOPS PERFORMED?
O (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OF	CORREC). (Enter nature o	of injury in P	art I ar Part	II of item 18.)			TO ALL MORE
Y 20c, TIME OF INJUI Hour o. m. p. m.	RY Month, Day. Yeo	While	Not while at work	20e. PLA foc	CE OF INJURY (tory, street, offic	(Home, form, e bldg., etc.	20f. (City	or town)	((County)	(Sto
ACTUAL SIGNATURE PHYSICIAN'S D'P		Jun Game	2, and that	^	S.Divi	relia	M, fram ADDRESS (Str	the causes eet, city or town	and on the stote)	the date	DATE SIG
BULLAT 23. FUNERAL DIRECTOR	Apr.30,		Parsons		emetery		Sali	sbury,	Mary	yland	(State)
HOLLOWAY		SAI		MARY	TLAND	DATEMAY	BY REGISTR		ISTRAR'S SI		

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VS A1S (4) 1SM 10/57

ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18
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CERTIFICATE OF DEATH

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	492	Ω	CERT	IFIC.	ATE OF D	PEATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Wicomico		MAI	RYLAND	2. USUAL RESID	Mary		d. If institution b. COUNTY		before adm	
b. CITY OR TOWN (RURAL ond give n	outside corporote limi eorest town) Salisbur		c. LENGTH OF STA	Y IN 1b	c. CITY OR 1		sbury	limits, write RUR	AL and give	nearest lo	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g 842 W. Ma				d. STREET A		W. Ma	in St		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir REBEC		Midd EMIL		ELLIS		4. DATE OF DEATH	Month APRIL	17	Day th	Yeor 19 59
5. SEX Female	6. COLOR OR RACE	7. MARRIE	4.5		8. DATE OF BIRTH		1866		UNDER 1 Y		DER 24 HRS.
during most or wor	ON (Give kind of work o king life, even if retired OPK	lone 10b. Ki	ND OF BUSINESS			H11	l, Mar		12. CITIZE	U S	AT COUNTRY
	Flemming R IN U. S. ARMED FOR (If yes, give wor or doles of so	CES? 16. SC	OCIAL SECURITY N	ю. Mr	Rebe	Howa	(unk) rd(Gran		hter)842 and	W.
Conditions, if of gover rise to it couse (a), stoting lying couse lost. PART II. OTI 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	mmediote (Cv-	ntributing to b	riter	Selection of NOT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIVEN	I IN PART 16	5 yr	S AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCR	IBE HOW INJURY	OCCURRE	D. (Enter noture of	Finjury in Po	ort I or Port II o	f item 18.)			ريو ۱۰۰۰ ر
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While of work [Not while of work	20e. Pt	ACE OF INJURY () ictory, street, office	Home, farm, bldg., etc.)	20f. (City or t	own)	(Cou	nty)	(Stote)
ACTUAL SIGNATURE	Harry	deceased , 195			n occurred ab	A	ADDRESS (Street,	e causes and city or town, sto	d on the	date sta	deceased ted above pate signer /195
PHYSICIAN'S Dr NAME (Type) Dr 220. BURIAL, CREMATIO	N. 226. DATE THEREO	ttax	22c. NAME OF CE	METERY C	Camden OR CREMATORY			City, town, or			d ote)
REMOVAL (Specify) Burial		1959		ns C	emetery			sbury, l			
23. FUNERAL DIRECTOR			ADDRESS					24b. REGISTR			
HOLLOWAY	& COMPANY	SE	LISBURY	V MA	RVT.AND	DATE AP	R 2 0 '50	0 1	1 0 4	4	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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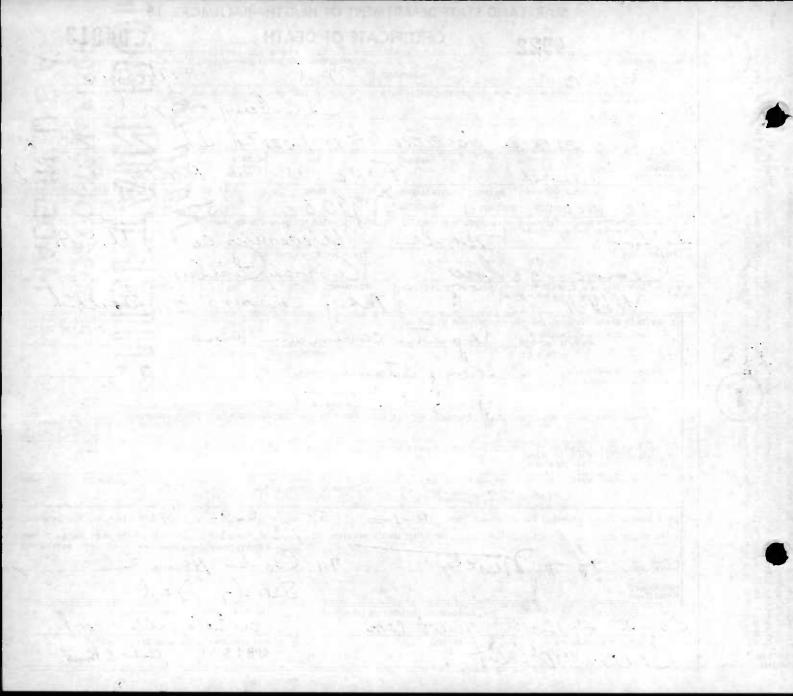
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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4922	CERTIFICA	ATE OF DEATH		Reg. Dis	4013
1. PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Who		If institution Residence. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write SAUSDURY)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporate lim	its, write RURAL and g	ve nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address or INSTITUTION GENERAL H	OSPITAL	d. STREET ADDRESS	th 1	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle FA	RLOW	4. DATE OF DEATH	APRIL	Day Yeor
5. SEX 6. COLOR OF RACE 7. MARRIED [MALE NEGRO WIDOWED		8. DATE OF BIRTH	lost	1 11 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KINE during most of working life, even if retired)	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of	or foreign country)	12.CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME Denne Folor	e e	14. MOTHER'S MAIDEN N	AME Pastl	Peus	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown). [16] (es. Agive prop or dates of service)	IAL SECURITY NO.	Kery Par	ens	Address Bo	sepSh
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(0), (b), and (c).] Generaline C	ardisva, cula	die	ı	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b) Core	may arter	in clerosi;			
gove rise to immediate couse (a), stating the under. lying couse lost. DUE TO (c)	engl ?	Mener eleve			
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CIFETTHER, NOTIFY MEDICAL EXAMINER	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONE	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of it	rem 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJUR Hour a. m. While p. m. 19 of work □		ACE OF INJURY (Home, farm, tory, street, affice bldg., etc.		n) (Co	ounty) (State)
21. I certify that I attended the deceased f	fram. 4 / _ /, and that death	, 1959, to 19	, ,		t saw the deceased
ACTUAL SIGNATURE AT MEAN	lay .		ADDRESS (Street, cit		date stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type)		Sal	listy	md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22.	NAME OF CEMETERY OF		11156.1	ity, tawn, or county)	md (State)
23. FUNERAL DIRECTOR'S SIGNATURE BOSELEN M. West	ADDRESS		BY REGISTRAR APR 1 5 '59	2/b. REGISTRAR'S SIG	NATURE & Thous

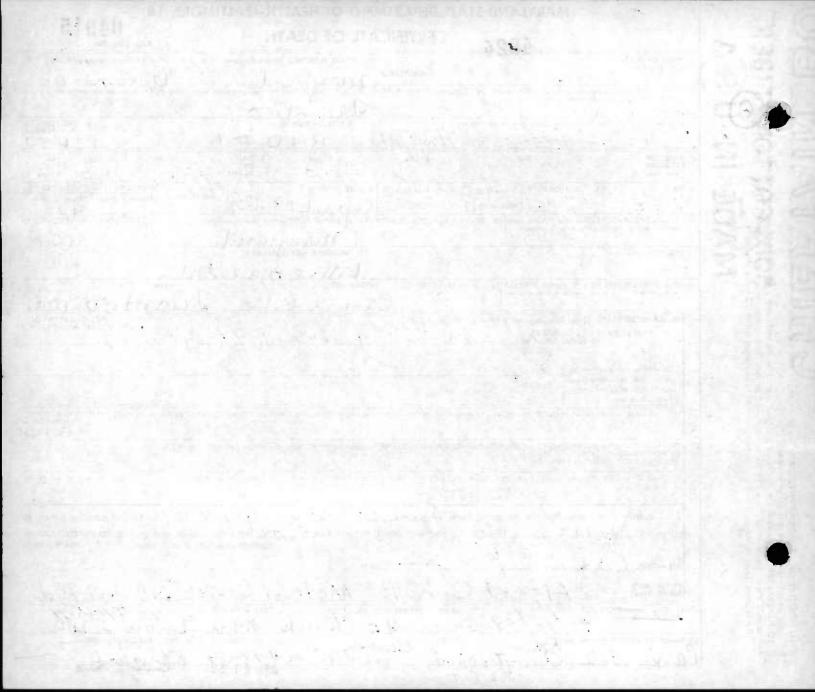


f any delay is necessary, please exe-	funeral director Tage 4 should be	or your files.	registrar prior to burial, crematian,
4 hours after death.	ages 1, 2, and 3 to	ge 5 may be retaine	pages I and 2 with
artificate shauld be executed within 2	ending" in pencil in Item 18. Give F	er's Office alang with farm PM3. Pa	used as a burial-transit permit. File
5 TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please exe-	cute the certificate, writing the ward "pe	forwarded to the hief Medical Examine	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian,
VS.	. A	15/	ME(5

	MARTE ME	DICA	L EXAMINE	R'S CERTI	FICA	TE OF	DEATH		() 4 ! Dist. No.	914
1. PLACE OF DEATH a. COUNTY	Vicomico		MARYLA	ND 0. STATE	Mary	rland	b. COUNT	Wic	omic	0
b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b c. CITY C	R TOWN (I	f outside corp	porote limits, write	RURAL on	d give ne	arest town)
Salisbury	y		DOA	X Pa	rsons	burg		EOV		
Pening			Hospital	d. STREET	ADDRESS					e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	George	st .	Middle L	Fos	kev	4. DATE OF DEATH	Mont	18-	Day	Year 19 59
S. SEX			D NEVER MARRIED	8. DATE OF BIRT	TH		9. AGE (In years lost birthday)	IF UNDER		F UNDER 24 HRS.
M	W	WIDOWED	DIVORCED [Dec. 9	, 1890	6	62 yrs.	Months	Days	Hours Min.
during most of working Laborer	N (Give kind of work of life, even if retired)		IND OF BUSINESS OR INI 7 Mill		lace (Stote		country)		USA	WHAT COUNTRY
13. FATHER'S NAME Greens	bury Foske	y		14. MOTHER			Mariner			
15. WAS DECEASED EVE		RCES? 16. S	22-09-4691	7. INFORMANT Mary E.	Foske	y, RD,	Address Millsbo		elawa	are
Canditions, if on gove rise to immedi (a), stoting the uncouse lost.	ofe couse	Fra	ctured cer	vical s	pine	crus	shed ch	est.		and death udden
PART II. OTHI	ER SIGNIFICANT CONI	DITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PAI		WAS AUTOPSY PERFORMED2
PART II. OTHI	SE WAS TRIBUTING []	277	HOW INJURY OCCURRED					rned	ove	r on hi
20c. TIME OF INJURY		r 20d. It	NJURY OCCURRED 20e.		(Home, farm	n. 20f. (City		(Co	ounty)	(Slote)
21. I certify the	at I took charge	of the re	emains described	bove, held a	n Autops	у 🔲 , Ц	spection A	_Inqui	ry M	and find the
death resulted	from: Notoral	causes [Accident ,	Suicide	Homicide	_	ndetermined o			
ACTUAL SIGNATURE	Ent	- YS	2	M.D.		KAMINER [• 5			DATE SIGNED
EXAMINER'S	Earl L.	Royer	G.D.			AL EXAMINE	7	1 0	0	
NAME (Type)					MEDICAL			4-2	3-59	
NAME (Type) 200. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	1. 22b. DATE THEREO		22c. NAME OF CEMETERY Laurel Hill ADDRESS	OR CREMATORY			TION (City, town,	or county)	3-59	(Stote)

		and the Paris			
			I was	r	the same of the same of
nt are made a	art and the				
	Service Control	1745 6 1 301			
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	MAKYLAND S	IAIE DEPARIM	MENT OF HEALTH	-BALIIMOKE, 18	04915
	4924	CERTIFIC	ATE OF DEATH	R	Reg. Dist. No.
(PLACE OF PEATH o. COUNTY COU	MARYLAND LENGTH OF STAY IN 16	maryland	b. COUNTY b. corporate limits, write RUR.	liernie D
-	RURAL/and give nearest town) d. NAME OF HOSPITAL (IF-not in haspital, give street add OR INSTITUTION) ENERGY		d. STREET ADDRESS R 70	D X .#!	e. IS RESIDENCE ON A FARM? YES NO
-	NAME OF First DECEASED (Type or print)	Middle		4. DATE Month OF DEATH APRIL	Day Year 195
/	SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH CLO WILL 8 USTRY II. BIRTHPLACE (Stote of	1939 lost birthdoy) yrs. A	Months Days Hours Min. 12. CITIZEN OF WHAT COUNTR
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	and	L u.s. B
5. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give war or dates of service) 16. SOC	CIAL SECURITY NO.	INFORMANT annie God	al Gale Address	ntiep. md
NO	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	ATRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	N IN PART (a) 19. WAS AUTOP:
TIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				YES NO
CES	(IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	ort I ar Port II af item 1B.)	
MEDICAL CERTI	(IF ETHER, NOTIFY MEDICAL EXAMINER)	IRY OCCURRED 20e. P	EED. (Enter nature of injury in Po PLACE OF INJURY (Home, farm, actary, street, affice bldg., etc.)	ort I ar Port II af item 1B.) 20f. (City or town)	(County) (Stat
	20c. TIME OF INJURY Month, Day, Year 20d. INJU White of work 2 21. I certify that I attended the deceased alive an 19 ACTUAL SIGNATURE PHYSICIAN'S	IRY OCCURRED 20e. P	PLACE OF INJURY (Home, farm, actary, street, affice bldg., etc.) 19	20f. (City or town) A 19 1 1 18, 1957,th	at I last saw the deceas
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU White of work 2 21. I certify that I attended the deceased alive an 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	IRY OCCURRED 20e. P	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 18, 19,59, to the accurred at S. A.	20f. (City or town) A VI / 1957, th A, fram the causes and	at I last saw the decease



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VS A15 (4) 1SM 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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		49	25	CERT	TIFICATE OF DEATH Reg. 1					Reg. Dis	list. No.		
1.	PLACE OF DEATH o. COUNTY W:	icomico		MAR	YLAND	O. STATE	ENCE (Whe	ere deceased lived	d. If institution b. COUNTY	on: Residence		odmiss	ion)
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b		A.	itside corporate li	mits, write RI			est town)
	Salisbu			1812 day	vs.	Hug	hesvi	lle	0	8x	- 2,		
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET AL					e.	IS RES	IDENCE FARM?
	Deer's H	ead State	Hospi	ital									NO 🗆
3.	NAME OF DECEASED (Type or print)	Fir Rich		Middle	•	Goodric		4. DATE OF DEATH	Apri]		Doy 12		Year 19 59
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	IED 🔀	B. DATE OF BIRTH		9. AC	SE (In years	IF UNDER			-
	Male	White	WIDOW	ED DIVORCE	ED 🗌	1	.866 (it birthdoy) 3 yrs.	Months	Days	Hours	Min.
10	J. USUAL OCCUPATIO during most of worki	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State o	r foreign country)	12. CITI	ZEN OF	WHAT	COUNTRY
Ľ	Lab			Farm			rvlan				USA		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME					
	John	Goodrich				Mar	tha S	harpe (?)				
15. Ye	WAS DECEASED EVER (I) Unk.	IN U. S. ARMED FOR I yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO	0. 17. 1	NFORMANT HO	spita	1 Record	ls Addr	ess			
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which (b) mediate	, A	ne for (0), (b), ond (c) Arterioscle	eroti			lar dis∈	ase		INTER ONSE	val BE T AND EATS	TWEEN DEATH
CERTIFICATION	PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	Carcino UNDERLYING II	oma c	CONTRIBUTING TO DE						EN IN PART		PERFO	AUTOPSY RMED? NO
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yeo	20d. II While of wor	NJURY OCCURRED Not while k of work		ACE OF INJURY (H ctory, street, office		20f. (City or to	wn)	(C	ounty)		(Stote)
			195	ed from April	death	м.р	11:40 r's H	pril 12 M, from the pooress (Street, o ead Stat y, Maryl	causes a city or lown, s e Hosp	nd an th	ast saw e date	state	deceased ed abave tre signed /59
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY O	R CREMATORY	1	22d. LOCATION	City, town, o	r county)		(State	•)
_	Burial	4/15/	59	Oldfie	ald			Hughe	svill	e. M	d.		
23.	FUNERAL DIRECTOR'S	SIGNATURE	19-19	ADDRESS				BY REGISTRAR	24b. REGIS	TRAR'S SIG			
	P.B. Ro	binson -	Leo	nardtown.	bM.		DATE APP	R 1 6 '59	ar	Thung of	France	4	

P.B. Robinson - Leonardtown, Md.

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to the state of the terminal o			A MARINE STATE AND THE STATE OF
			A CONTRACTOR OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	
may be retained by the haspital or attending physician.	1
TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the gral director,	,
page 3 shauld be carached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	
the registrar prior to burial, cremation, or remayal, and in any event within 22 hours after death.	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

()4919 Reg. Dist. No.

	4928	100	CERTIF	ICA	ATE OF DEATH	1		Reg. D	ist. No.	JI	1
1. PLACE OF DEA	Wicomico		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryla		ed lived. If instituti b. COUNTY	an: Reside	nce befo	ore admis	sion)
Salis			LENGTH OF STAY IN	4 1Ь	c. CITY OR TOWN (If or Bladensh		orate limits, write R		give nec		
OR INSTITUT	OSPITAL (If not in haspital, 10N State				d. STREET ADDRESS 49 Upshur	Stree	t			ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Charles Townson of the co	se	Middle		Henson	4. DATE OF DEATH	Mor Apr		2		Year 19 59
s. sex Female	6. COLOR OR RACE Colored	7. MARRIED WIDOWED [NEVER MARRIED DIVORCED	-	B. DATE OF BIRTH	897	9. AGE (In years last birthday) 62 yrs.	IF UNDE Manths	R 1 YEAR Days	Hours	ER 24 HRS. Min.
Maid	t working life, even if refired	3)	D OF BUSINESS OR	INDUS	Washingto		country)	12. CI	TIZEN O		COUNTRY
	Henson				Laura Ca	zer					
15. WAS DECEASE (Yes, no, or unknown) Unk.	D EVER IN U. S. ARMED FOI If yes, give wor or dates of	RCES? 16. SOC	CIAL SECURITY NO.	17. IP	NFORMANT Hospit	al Re	cords Add	ress			
	F DEATH [Enter only one control of the control of t	Co	or (a), (b), and (c).]	omb	oosis				INTI QNS	ERVAL BE	DEATH Les
Conditions, gove rise	if any, which to immediate ating the under-	Ar	terioscler	oti	c cardiovascu	ılar d	lisease			?	
5 Chro		arachno	oiditis wi	th	NOT RELATED TO THE TERMIN quadriplegia; D. (Enter nature of injury in P	mult	ciple dec			PERFC	AUTOPSY ORMED?
Haur o	NJURY Manth, Day, Ye o.m. 19	While	Nat while of wark	0e. PLA foc	CE OF INJURY (Home, farm, lary, street, office bldg., etc.))			(County)		(State)
21. I certificative on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	y that I attended the April 2 Or. V. Jue V. Juerman	12 59	, and that d		accurred at 12:42	ADDRESS (S Lead S	treet, city or town,	ond an 1 state)	he do	te state	deceased ed obove ATE SIGNED
220. BURIAL, CREM REMOVA (Sp.	14.87	5 4	ADDRESS	W	led-Salval	182	Olimo	re,	щ	(Stat	(e)
The state of the s			- MUNEUJ			R 1 0 '5		The P		-	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

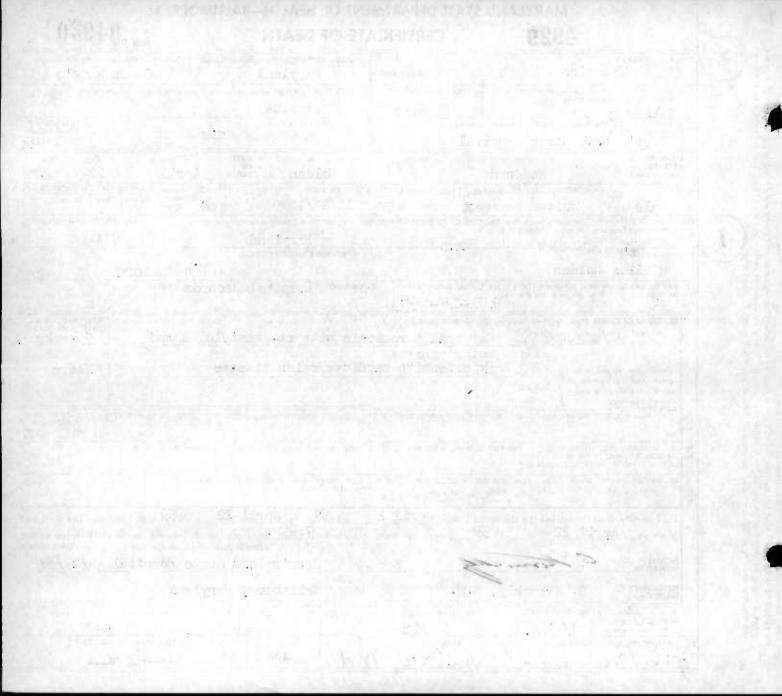
4929

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	o. COUNTY Wic	omico		MARYLA		usual Residence (Mo. STATE Maryla		d lived. If institution b. COUNTY	on: Residen	ce befor	ne 1 s	ion)
	b. CITY OR TOWN (If RURAL ond give nec		its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF		prote limits, write R	URAL ond	give neo	rest town) 🗸
	Salisbury			20 days		Inglesid	.e		X - "	4		
	d. NAME OF HOSPITA	AL (If not in hospital, g	give street	address)		d. STREET ADDRESS	No	one			e. IS RESI	FARM?
L	Deer's H	ead State	Hospi	tal			-10	otte				NO D
3.	NAME OF DECEASED (Type or print)	Fir Med	ford	Middle		Holden	4. DATE OF DEATH	April	th	22		Year 1959
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ 8. D	ATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
	Male	White	WIDOW			11/25/1890		last birthday)	Months	Doys	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stat	e or foreign c	country)	12.CITI	ZEN OF	WHATC	OUNTRY?
1		ing life, even if retired	'	7T ?		Marvl	and		T	JSA		
13	FATHER'S NAME	ennant		None	11/	I. MOTHER'S MAIDEN			-	JUIL.		
1	William	Holden				?	TVAME	No Re	cord			
	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	MANT Hospi	tal Re					
1,,	(es, no, or unknown)	r yes, give wor or ordies or s	1	51-14-7903								
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (o), (b), and (c).]						INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	C	erebral thro	isodmo	s with rt.	hemir	olegia an	d	ONS	FT AND	
	443X	DUE TO		otor aphasia			•					
	Conditions, if an	v which)	H	ypertensive		ovascular	diseas	se		1 7	ears	4
	gove rise to im	mediote (1	7 1						1	care	,
	lying couse lost.	ne under-										
ION		ER SIGNIFICANT CON	1	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS A	AUTOPSY RMED?
N.							197				YES	NO 🔀
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Part I or Por	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a.m. p. m.	Month, Doy, Ye	ar 20d. II While at wor	Nat while		OF INJURY (Hame, far street, office bldg., e		y or town)	(0	County)		(Stote)
	21 I certify the	at I attended the	deceas	ed from April	2	. 1959 ta A	pril 2	2 1959,	that I la	et con	, the d	acagead
		ril 22		9, and that d		7: 15P	***	Ab	al and the	21 2UN	nie d	eceused L = L =
	unve un		, 122	zz, and mar a	edili de	corred dif 142-		treet, city or town,		agre		E SIGNED
1	ACTUAL SIGNATURE	G. Kon		el .	M.D.	Deer's		State Ho		1),	1231	59
	SIGNATURE			//	M.D.						1_=	-21
L	PHYSICIAN'S NAME (Type)	G. Kosma	hly,	M.D.		Salisb	ury, M	laryland				
22	REMOVAL (Specify)	4/25/5	OF G	22c. NAME OF CEMETE Busic	RY OR CR	EMATORY	-	TION (City, town, clay, Ma	or county)	na	(Stote	e)
23	FUNERALDIRECTOR'S	SIGNATURE	10	ADDRESS		240. RFC	D BY REGIS		STRAR'S SIG	GNATUE	RE	
	J. 5.13~	· Coin	47	10 MA DOWN	M		R 2 7 '59		hung & g			
4	1 -100	Cur y	1100	Crue o au	1/	CC DATE			-1 -1	TIAMA		

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

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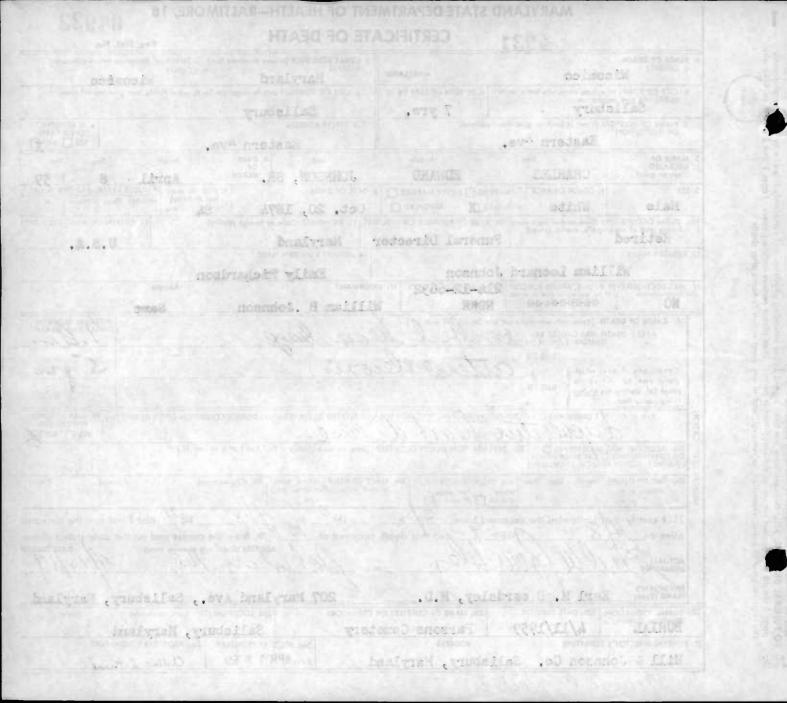
4930 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Wicomico b. COUNTY MARYLAND Maryland Baltimore City b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Balti more 3 VO1-4 2079 days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2101 W. Cold Spring Lane Deer's Head State Hospital YES NO NAME OF First Middle 4. DATE Yeor DECEASED John (Type or print) Jackson DEATH April 1959 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lost, birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Male Colored WIDOWED [7] DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records (If yes, give war or dates of service Unk. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial insufficiency IMMEDIATE CAUSE (o) hours DUE TO Luetic cardiovascular disease Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Right hemiplegia due to recurrent cerebrovascular accidents YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. 21. I certify that I attended the deceased from August 3 , 19 53, to April 13 , 19 59, that I last saw the deceased 1959 and that death accurred at 7:50P.M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Jurman. Deer's Head State Hospital PHYSICIAN'S V. Juerman, M. D. Salisbury, Maryland NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22C HAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE

O FUNERAL DIRE the registror VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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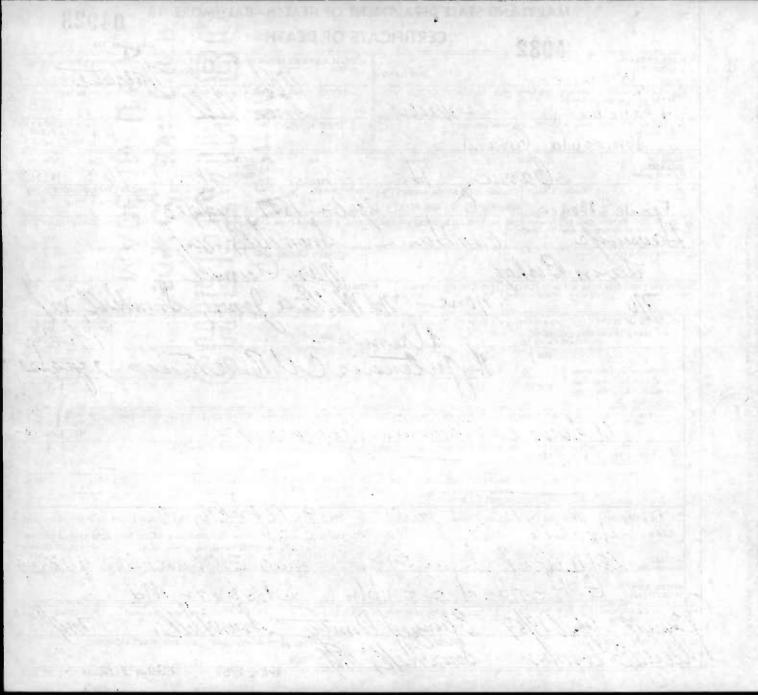
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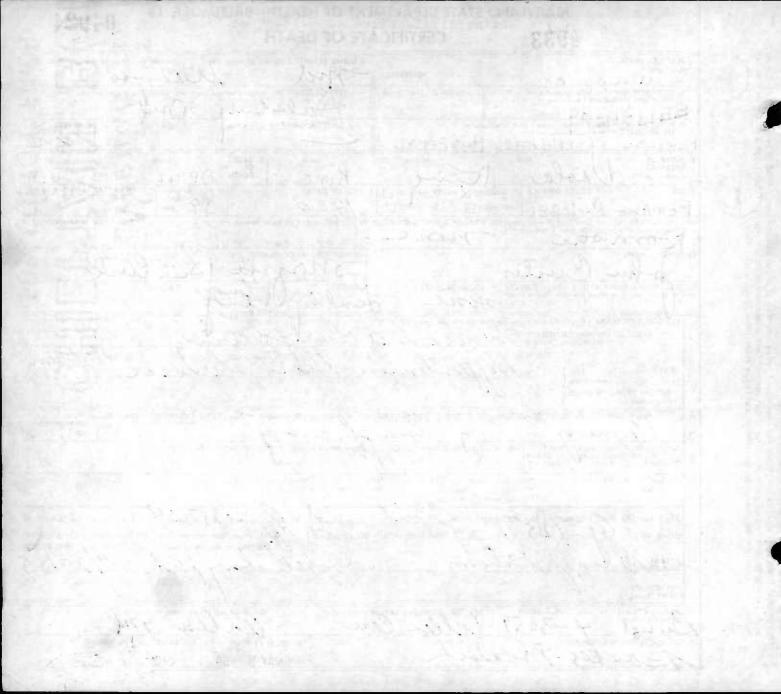
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11. 12 FilmG242 5-13-59 et CERTIFICATE OF DEATH

4933

04924

Reg. Dist. No.

1	PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A.FARM?
	PENINSULG (JENERAL HOSPITAL	YES NO []
	3. NAME OF DECEASED (Type or print) Will William (Type or print)	KING DATE Month Doy Year OF DEATH APRIL 75 1959
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE COLORS WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIS. Months Days Hours Min. Min.
	10a. USUAL OCCUPATION (Give kind of work done to the following most of working life), even if retired)	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME REPORTER BOR PURIL
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. o unknown) (If yes, give war or dates of service)	Jendly Cha
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Our Hiceney Interval Between ONGET AND DEATH
	Conditions, if any, which) DUE TO Spenteuse	in Helent De Josse Makrown
	gove rise to immediate couse (o), stoting the <u>under-lying</u> couse lost.	
)	PANTI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT, RENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE NO
		Enter noture of injury in Bart 1 or Port II of item 18.)
		LACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) actory, street, office bldg., etc.)
	21. I certify that attended the deceased from April alive on April 25 1.19 ST, and that death	h occurred of 15 km, from the causes and on the date stated above.
	ACTUAL XVB. O. S. E.	ADDRESS (Street, city of town, stote) DATE SIGNED
1	PHYSICIAN'S NAME (Type)	M.D. Jacobs of J
	220. BYRIAL, CREMATION, 22b. DATE THEREOF 22. NAME OF CEMETERY CHEMOVAL (Specify) 4-329 Cullen Co	PR CREMATORY 22d KORATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE MUSS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 5 '59 Outling & France
- 4		The state of the s



erol director, be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4934

CERTIFICATE OF DEATH

Reg. Dist. No

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	1

PLACE OF DEATH a. COUNTY

W1comico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland

b. COUNTY

Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RURAL ond give negrest town) Salisbury

Salisbury

d. NAME OF HOSPIT OR INSTITUTION	604 South	Park		d. STREET A		South	Park	Driv	е	e. IS RESID ON A F YES	ARM2
3. NAME OF DECEASED (Type or print)	LOUI		Middle HENRY	KRAUS	SR	4. DATE OF DEATH	APRI	onth L	5th		59
s. sex Male	6. COLOR OR RACE	7. MARRIED [] WIDOWED []	NEVER MARRIED DIVORCED	B. DATE OF BIRTH June 7			9. AGE (In year lost birthdoy			IF UNDER Hours	24 HRS. Min.
during most of work Dr. of Ph	king life, even if retired)	of Business or Indi Pharmacis				y, Mary		ITIZEN C	U S	A
13. FATHER'S NAME Herman M.				14. MOTHER'S	MAIDEN NA	AME	eth Th				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SOCIA	Lo	uis H.K. Salisbu	raus(Son)	431 t	irg1	nia	Ave.	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (O DUE TO	Coro		Elus						ERVAL BETY SET AND D	
Conditions, if o gove rise to in couse (o), stoting lying couse lost.	mmediate (
PART II. OTH	HER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION	GIVEN IN PA	RT 1(0)	PERFORM	MED?

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)

Day, Year

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

21. I certify that bottended the deceased from

Not while While at work at work

(State)

olive on

ACTUAL

and that deoth occurred of 2:30A

19____that I lost saw the deceosed M, from the couses and on the date stated above.

ADDRESS (Street, city or town, stote)

DATE SIGNED

Dr. Fred R. Gramse 220. BURIAL, CREMATION, 22b. DATE THEREOF

Apr.8,1959

402 S. Division St. Salisbury, Md. 22c. NAME OF CEMETERY OR CREMATORY

Wicomico Memorial Park

22d. LOCATION (City, town, or county) Salisbury, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRE VS A15 (4) 15M 10/57

3 should be

page

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or attending physician

HOLLOWAY & COMPANY

SALISBURY MARYLAND

Orthun & House

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PERSONAL CONTRACTOR OF THE SECTION O			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		AND THE REAL PROPERTY.	
		Manage 5.1.1	
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	(ng 2 ng hay in 17 ng Sala ng 2 ng 18 ng 18 ng Sala	Hara Carolina	
		New Parties	ALTER MARKETINE
State Wallet	Security Contract	TO BELLEVE	
The state of the state of the			

50 physici mave attending eose ā event the à signed ped and burial-transit peen 2 0

20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Conditions, if any, which

gove rise to immediate

cause (a), stating the under-

lying couse last

20c. TIME OF INJURY

Hour o. m.

PART I. DEATH WAS CAUSED BY:

(Yes, no, oc upknown)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(State) (County)

1959 that I last saw the deceased

ON A FARM?

YES NO

Year

195

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO T

DATE SIGNED

(State)

ond that death occurred of 10 ACTUAL

21. I certify that I oftended the deceased from

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

IMMEDIATE CAUSE (o)

1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

Day,

Year

While

Not while

at work at work

1959

PHYSICIAN'S Dr. William D. Gray

Camden Ave. Salisbury, Maryland

ADDRESS (Street, city or town, state)

Mr Harry L. Hitchens (Brother-In-Law) 703 Riverside Road Salisbury, Md

TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

220. BURIAL, CREMATION, 22b. DATE THEREOF Apr.9

HOLLOWAY & COMPANY

22c. NAME OF CEMETERY OR CREMATORY ParsonsCemeterv

22d. LOCATION (City, tawn, or caunty) Salisbury, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS SALISBURY MARYLAND

240. REC'D BY REGISTRAR DAAPR 9

24b. REGISTRAR'S SIGNATURE arthur & the

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FUNERAL DIRE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY O. STATE b. COUNTY MARYLAND Wicomico b. CITY OR TOWN III outside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give negrest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 0 0 ON A FARM? YES NO K Race St. Race St. NAME OF 4. DATE Middle Month DECEASED DEATH 11-7-Marshall (Type or print) Frances IFUNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED TO MEVER MARRIED TO 8. DATE OF BIRTH Months WIDOWED DIVORCED T 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY duping most of working life even if retired) 111. BIRTHPLACE (Stote or foreign country) age auseur MOTHER'S MAIDEN NAME pages 13. FATHER'S NAME Pages n P.M3. event form File p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (It yes, give war or dales of service) INTERVAL RETWIEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Asphyxia Sudden Office DUE TO Third degree burns 100 % body surface. Sudden. Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Italia. WAS AUTOPSY PERFORMED? NOIX 200. EXTERNAL CAUSE WAS PRIMARY-13 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) and bed and 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor i 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Salisbury Wicomico Own Home. do de of work of work 2). I certify that I taok charge of the remains described above, held on Autopsy . Inspection . Inquiry ond in my 000 9 8 8 opinian death resulted fram: Natural causes . Accident . A. Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER for SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER KT NAME (Type) 200 STRIAL, CREMATION, 226. DATE THEREOF 22 NAME OF CEMEJERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 40 ZAO. REC'D NY REGISTRAR ADDRESS 246. REGISTRAR'S SIGNATURE PUNERAL DIRECTOR'S SIGNATURE VS. A15ME 5M 2/57

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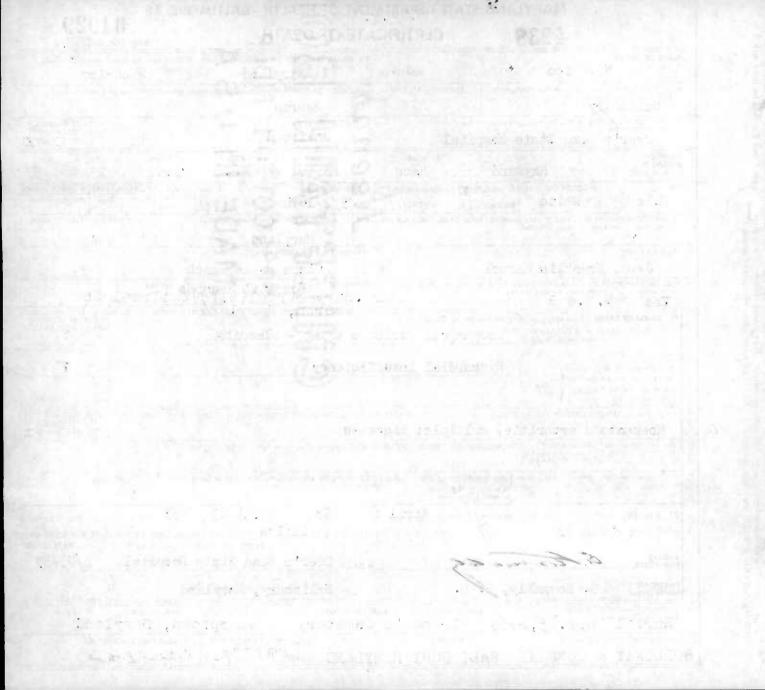
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4938

CERTIFICATE OF DEATH

04929

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico									
b. CITY OR TOWN (RURAL and give in Salisbu	If outside corporate limeorest town)	its, write	c. LENGTH OF STAY IN 16	b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) Hebron							
OR INSTITUTION	TAL (If not in hospital, of Head State	11.41			d. STREET ADDRESS Railroad						
3. NAME OF DECEASED (Type or print)	Ray	mond	Middle Race	Marve	1 4. DATE OF DEATH	Apr		Day 23	Year 19 59		
5. SEX Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9/2/18	94	9. AGE (In years lost birthdoy)	Months Do		7		
during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	Ma	ryland	country)	12. CITIZEN		COUNTRY		
13. FATHER'S NAME	Franklin M	Lormo		14. MOTHER'S M.	ra Belle	Panah					
15. WAS DECEASED EVE		CES? 16.		INFORMANT H		lecords Add	lroad	St			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (o), (b), ond (c).] ophageal vario					NTERVAL B	ETWEEN D DEATH		
Conditions, if a gove rise to i couse (a), stating lying couse lost.	mmediate (My (ocardial insuf	ficiency				?	500		
Rheumat	HER SIGNIFICANT CON	iditions of	CONTRIBUTING TO DEATH BU	etes			VEN IN PART 1(PERF	AUTOPSY ORMED?		
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) MY Month, Doy, Ye		CRIBE HOW INJURY OCCURRING	ED. (Enter noture of it			15	4.3	(Stote		
20c. TIME OF INJUI Hour o. m. p. m.	19	While of wor	Not while fo	octory, street, office b	ldg., etc.)		(Cou		9		
21. I certify the alive anAL ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	G. Kosmah	19.5 1y,	ed fram. April (9, and that deat D)	h accurred at <u>l</u> M.D. <u>Deer</u> Sali	ADDRESS ('s Head S sbury, Ma	the causes and Street, city or town State Hos	nd an the d , stote) pital	ate state DA 山/2	deceased abave at a signer 3/59		
BUAL ST	Apr. 25,		Fireman's	Cemetery	Sha	rptown,	Maryl	and	,		
23. FUNERAL DIRECTOR	'S SIGNATURE	v S	ADDRESS	RVT.AND D	APR 2 7 '5	STRAR 24b. REG	ISTRAR'S SIGNA				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO NO

Yeor

19.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

h. 4

PEREORMED?

YES NO

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

USA

(County)

VS A1S (4) 1SM 9/SB

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	4940 CERTIFICATE OF DE	ATH Reg. Dist. No. 931
h. Page 4 al director, filed with	PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDEN O. STATE MARYLAND MARYLAND	ICE (Where deceased lived. If institution; Residence before admission) b. COUNTY
th cheath	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) SALISBURY SERVICE C. LENGTH OF STAY IN 1b C. CITY OR TOWN SERVICE C. LENGTH OF STAY IN 1b C. CITY OR TOWN SERVICE SERVIC	VN (If autside corporate limits, write RURAL and give nearest tawn)
in by the	d. NAME OF HOSPITAL (If for in hospital, give street address) OR INSTITUTION ENINGLA GENERAL HOSPITAL R.F.	D #
ithin 24 ho ly filled in Pages 1 or	NAME OF DECEASED (Type or print) FLORENCE EDNA MAXWEL	4. DATE Manth Day Yeor DEATH APRIL S 1959
ed w	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED May 3.190 Divorced May 3.	12. CITIZEN OF WHAT COUNTRY
× Pc	during most of working life, even if retired)	ecticut U.S.A.
certificate be g physician a remave carba 72 haurs after	James Maxwell 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Yes, no, or unknown! (If yes, give or deten of service)	ernard Address
death cert tending p please rer vithin 72 t		Adkins, Same
the dec	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA	ONSET AND DEATH
d by th mit. Th any eve	Conditions, if any, which agove rise to immediate (b)	
require	cause (o), stating the under- lying couse last. DUE TO TUBERCULOS 1.5	
The law g physic has bee urial-tra smaval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE MALICAL AND HYPERTEN SON 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTIONS CON	PERFORMED? YES NO
ottendin rtificate ss the bon, or re		
C PHYS	Hour a. m. p. m. 19 While Nat while of wark at work	dg., etc.)
e hosp e hosp x: After stached f burial,	21. I certify that I attended the deceased fram	to , , , 193 , that I last saw the decease ADDRESS (Street, city or town, state) DATE SIGNE
OR AIT		oury, Maryland 4/15/59
HOSPITAL noy be retai FUNERAL age 3 shaul he registrar	PHYSICIAN'S NAME (Type) O. J. Burton 211 Maryland - Ave 220. BURIAL, CREMATION, 22b. DATE THEREOF 221. NAME OF CEMETERY OR CREMATORY	Salisbury, Md. 22d. LOCATION (City, town, or county) (Stote)
moy b	REMOVAL (Specify) 4/18/59 Stonington, Cometery	Stonington Conn
VS A15 (4) 15M 9/5B	Hill & Johnson Co. Salisbury, Maryland	ATE APR 21 '59 aring & Frank
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	Mary Bernard		Lincoll code
and the second	Fire, Ethel Adding		- 0) - 10 10 10 10 10 10 10 10 10 10 10 10 10
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			14 Date 140
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	deliai , we besigned	112	Spatistics and State of State
The the turkers	or tracery a tracery	National Control	N. M. Alban
METAL STATE OF THE	43 84 OPE LONG		E. O FORTON & LETT. FL

Lorman F. Baker

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04932

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND BEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

Doys

U.S.A.

(County)

e. IS RESIDENCE

ON A FARM?

YES NO NO

Year

19

Reg. Dist. No.

Months

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	lvinion 36., Indeb		
land many tend	etcut the		100/2
			titl A Journey Co. Sellen

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death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

the registrar priar ta burial, crematian, ar

may be retained by TO FUNERAL DIRE page 3 should be

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04933

4941

CERTIFICATE OF DEATH

		1137								90	eg. Dist. N	Φ,	
o. COUNT	٧	icomico		MAR	YLAND	2. USUAL RESIDE O. STATE Ma	erylar	re deceased	lived. If inst b. COUI	hitution: NTY	Residence bei Baltim	ore odmiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					- 11	c. CITY OR TO			ote limits, wri	ite RURA	L ond give n	earest low	n)
	Lsbur			13 days	3		cimore	9		3 V	01-4		
OR_INST	ITUTION .	AL (If not in hospitol Head Stat				d. STREET AD		nd Awa	mile				FARM?
3. NAME OF			First	Middle		Lost		4. DATE		AA .1			NO [
(Type or pr	int)		nder			Morri		OF DEATH		Month	6		Yeor 19 59
5. SEX		6. COLOR OR RAC	E 7. M.	ARRIED NEVER MARRI	IED [8.	DATE OF BIRTH		5	AGE (In ye	ors IF	UNDER 1 YEA	_	
Male		Colored		DIVORCE	-	3/12/08				yrs. M	onths Days	Hours	Min.
0a. USUAL C	CCUPATIO	N (Give kind of woring life, even if retire	k done 1 ed)	0b. KIND OF BUSINESS (OR INDUST	14.	CE (Stole o		untry)		12. CITIZEN		COUNTRY
3. FATHER'S	NAME	ONG				14. MOTHER'S M	U				0.5	14.	
H	man :	Roe							orris				
-	ASED EVE		ORCES?	16. SOCIAL SECURITY NO	D. 17. IN	FORMANT HO	spita	al Rec		Address			
24		TH WAS CAUSED BY IMMEDIATE CAUSE DUE	(o)	Cor Pulmon Bronchial	ale	12					10	TERVAL BE	DEATH
couse (o lying co	art II. OTH	er SIGNIFICANT CO	(c)	IS CONTRIBUTING TO DE				AL DISEASE	CONDITION	GIVEN	IN PART 1(o)	19. WAS A	AUTOPSY
20g. ACC	DENT WA	S UNDERLYING [] CAUSE OF DEAT MEDICAL EXAMINER	20b D	ith optic at				rt I or Part I	Il of item 18.))		YES [ИО 🔀
N 20c. TIME		Month, Day,	rear 20d Wh	I. INJURY OCCURRED ile Not while work of work	20e. PLAC facto	CE OF INJURY (Ho ory, street, office b	ome, farm, oldg., etc.)	20f. (City o	or town)		(County)	(Stote)
21. I ce alive or ACTUAL SIGNATUI PHYSICIA NAME (Ty	RE AP	ot lattended the rile. View Juerman	, 19	259, and that		Deer Deer	7:15A A': ''s He	M, fram	the cause et, city or to ate Ho	es and	e)	ate state	
BURI	(Specify)	4-10-5	EOF	ROCKALONIA	ETERY OR	CREMATORY EMETE	K-1	RECKA	ON (City, tow	11:	(1)	(Stote	e)
3. FUNERAL E	PIRECTOR'S	SIGNATURE	11	ADDRESS				BY REGISTRA			R'S SIGNATU		
1. F.) +1	CHUPT	- FUNDED	his .	W.E JULISH	he er .	12:1 0	ATE API	R 1 6 '5	9	arth	mg & 1/2	and?	

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VS A15 (4) 15M 10/57 0

04934

4942 CERTIFICATE OF DEATH

Reg.	Diak	MI.
REG.	DIST.	NO.

				-							
1. PLACE OF DEATH o. COUNTY Wic	omico		MARYLAND	11 0	SUAL RESIDENCE (W. STATE Maryla		ed lived. If institu b. COUNT		ence before o	admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 2,401 days					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount 19 x 2						
d. NAME OF HOSPITA	L (If not in hospital, give Head State	street oddress)	tor days		d. STREET ADDRESS	LI MOUL	,	/ / ~		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Moody	7	Middle L.		lost Muir	4. DATE OF DEATH		onth ril	Doy 16	Yeor 1959	
5. SEX Male	6. COLOR OR RACE 7. White w	MARRIED NE	VER MARRIED TO	B. DA	TE OF BIRTH L2/17/1877		9. AGE (In year last birthdoy)	Months		UNDER 24 HRS. ours Min.	
Painter	N (Give kind of work doning life, even if retired)		eusiness or inc	DUSTRY	11. BIRTHPLACE (Stole		country)	12. C	USA	VHAT COUNTRY	
Lambert 1	Muir			14.	Mary Vir		Evans				
15. WAS DECEASED EVER	IN U. S. ARMED FORCES Tyes, give war or dates of service	S? 16. SOCIAL SE	CURITY NO. 17.	. INFOR	MANT Hospi	tal Re	ecords Ad	dress			
PART 1. DEAT	H [Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (o)		(b), ond (c).] heart fa	ailu	re				ONSET	AL BETWEEN AND DEATH 2 hrs	
Conditions, if on gove rise to imcouse (o), stoting to lying couse lost.	mediote DUE TO	Arteri	ioscleros	sis,	general				Y	ears	
PART II. OTHI	er significant conditions of recommendations in the conditions are conditions as the conditions are conditions as the conditions are conditional are conditions are conditional are conditions are conditional a		ING TO DEATH B	UT NOT	RELATED TO THE TERM	MNAL DISEAS	SE CONDITION G	IVEN IN PAI	P	NAS AUTOPSY PERFORMED?	
	UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW	V INJURY OCCUR	RED. (Ent	er nature of injury in	Port I or Par	rt 11 of item 18.)				
20c, TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCC While Not vot work of work	while ork	foctory, s	F INJURY (Home, forn treet, office bldg., etc	c.)	y or town)		(County)	(Slole)	
	oril 16		Sept.	th acci		P.M, frai ADDRESS (S	n the causes treet, city or town tate Hos	and an t	the date :	the decease stated above DATE SIGNE	
PHYSICIAN'S NAME (Type)	G. Kosmahly	, M. D.		M.U	Salisbu			51001		÷/_±!/_2/	
20. BURIAL, CREMATION PEMONA (Special)	1, 22b. DATE THEREOF	9 min	ME OF CEMETERY	OR CREA	MATORY	22d. LOCA	TION (City, town,	or county)	- 7	(Stote)	
I. FINERAL DIRECTOR'S	SIGNATURE Tour	G_ADDI	RESS Que	10	Tanti.	D BY REGIST		ISTRAR'S SI	S. Hau		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
4968

Reg. Dist. No.

o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico					
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Mt. Hermon	LENGTH OF STAY IN 16		. Hermon	limits, write RURAL and	d give nearest town)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital R.D.# Salisbu		d. STREET ADDRES	.D.# Sal	isbury, Md	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) HENRY	Middle SAMSON	PARKER	4. DATE OF DEATH	APRIL -	8 th 19 59		
5. SEX 6. COLOR OR RACE 7. MARRIED [DATE OF BIRTH	f lost b	E (in years IFUNDER			
Male White WIDOWED			1-1-1		Days Hours Min.		
10c. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) Employee—H.D. Metal Co. (13. FATHER'S NAME	Night Wate	hman) Pow 14. Mother's Maide	ellville	, Md. U	IZEN OF WHAT COUNTRY		
John Henry Parker		Lucy Ad	kins				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	CIAL SECURITY NO. MT	s.Lula Wi Laurel			R.D.#3		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (a), staling the underlying cause last. Cause last. Cause last.	Erebrof Enterior	Hemm	e y		Sur-		
PART II, OTHER SIGNIFICANT CONDITIONS CONT					T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
CAUSE OF DEATH.	OW INJURY OCCURRED. (E	nter nature af injury in t	Part I ar Part II af item	18.)			
Haur a, m. While	Nat while at work 20e. PLAC	E OF INJURY (Home, for ry, street, affice bldg.,	arm, 20f. (City or taw	m) (Cau	unty) (State)		
21. I certify that I took charge of the rem death resulted frame Natural causes		ide, Hamici	de 🔲, Undete	tian 🔼 , Inquir rmined cause 🗌	y (C), and find that DATE SIGNED		
EXAMINED'S	r	ASSISTANT MED	DICAL EXAMINER	April	29 1959		
Burial May 1,1959	NAME OF CEMETERY OR Charity Ce			Cily, town, or county)	(State) aryland		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SIC			
HOLLOWAY & COMPANY SAI	JISBURY MAR	YLAND DATE	AY 1 -159	arthur S.	Traves.		

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MARYLAND STATE DEPARTMENT OF MEALTH-BALTIMORE, 18

04936

4943	CERT	IFIC	ATE	OF I	DEAT	H

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESID	ENCE (HOME) OF	ECEASED		
COUNTY Wicom	Lco	MARYL	AND	STATE Maryl	and COUNTY	Wicor	nico	
CITY (If outside corporate lin	nits, write RURAL	I JENGTH OF	FSTAY	CITY (It outside co	rporate limits, write RURAL			
OR and give nearest town TOWN Salisbu	ry, Md.	Since I	1/11/58	OR TOWN Par	sonsburg			
	Bluff Sta			STREET		ive location)		
INSTITUTION OR	Lsbury, Mar	-		/ ADDRESS				
3. NAME OF (First)	(Middle)		(Last)	4. DATE (M	onth) (Day)	(Yoar)
(Type or Print)	/innie	Lilliar		Parker	DEATH A		10	19 59
S. SEX 6. COLOR O	7. SINGLE, /	MARRIED, D. DIVORCED, Married	B. DATE O		9. AGE last birthday	Months	YEAR IF	UNDER 24 HRS Hours Min.
Female RACE Whi	Lte (Specify)	Married	Oct.	28, 1880	78 yrs.		Days	nours min.
10a. USUAL OCCUPATION (Give	kind of work 10t	. KIND OF BUSINES	5	11. BIRTHPLACE (State or fo	oreign country)	12.	CITIZEN C	
dona during most of working retired) Housewill		OR INDUSTRY		Parsonsburg	Manuland		USA	1
13. FATHER'S NAME	.6			1 14. MOTHER'S MAIDE			UJA	
	Campbell	1 11 50 0111 550	Linear Man	1 17. INFORMANT	phia Baker	7 10 11		
15. WAS DECEASED EVER IN U. (Yes, no, or unk.) (If Yes, give v	or detes of service)	16. SOCIAL SECT	UKITY NO.	Records o	of Pine Blufi	State	Hosp	ital
No		None		Mr.J.Alb	f Pine Blufi ert Parker	-Pars	onsb	urg Mo
I DISEASES OR CONDITIONS DI	RECTLY LEADING TO DI		DICAL CER	TIFICATION				AND DEATH
		-AIII	20-2-	Maak		3 - 11 - 1	TH.	
OO 2 X IMMEDIATE CAUS	E (A)		Pull	onary Tuberc	ulosis		3 y	rs.
ANTECEDENT CAUSI DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O		terioscler	otic ca	rdiovascular	disease		5 y	rs.
STATING UNDERLYING CAUSE	LAST. DUE TO							
11 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING							
TO THE DEATH BUT NOT RELAT								
19a. DATE OF OPERATION		INGS OF OPERATION	V				20. /	AUTOPSY?
							YES [NO 🔼
210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAM	DEATH OF INJURY ST	(Home, ferm, fector) treet, office bldg., etc		Ic. WHERE DID INJURY OCC	CUR? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month)			JRRED t while work	21f. HOW DID INJURY OC	CUR?			
22. I hereby certify th	at I attended the	deceased fromA	pril 1	L, 19.58, to.Ap	ril 10, 19.59), that I la	st saw t	he deceased
alive on April 10), 1959	and that death	occurred at	LO:53p.M, from the	causes and on the	date stated	above.	TE SIGNED
Edus	and P. Ri	telunp	M.D.					11/60
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, to	wn, or county)		(State)
Burial			rsonsb	urg, Cemeter	ry Parson			
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNA	ATURE		25. FUNERAL DIRECTOR			DDRESS	
APR 1 5 '59	Chilling 8. 40	Call A		HOLLOWAY 8	COMPANY .	-SALIS	BURY	MD.

The law requires that the death certificate be executed with INSTRUCTIONS

or attending physician.

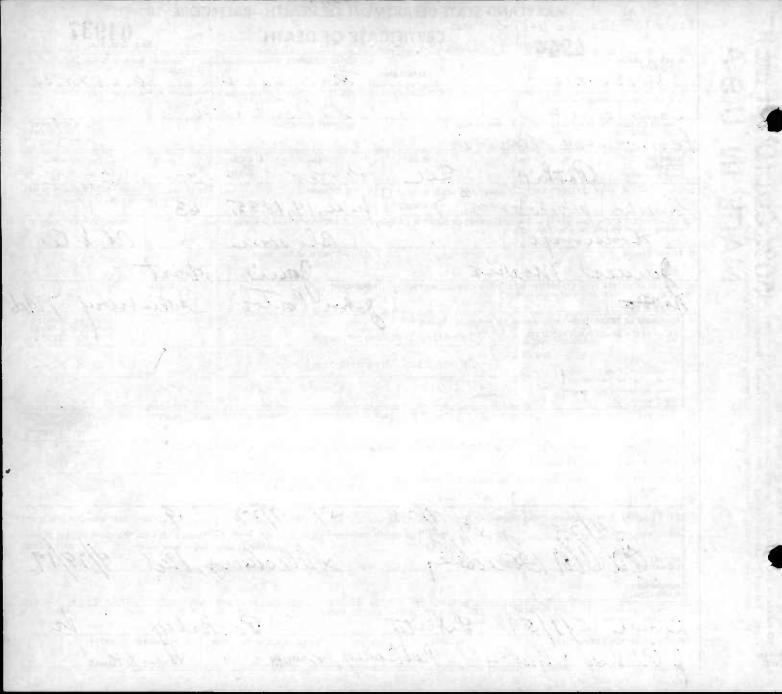
or use as a burial transit permit.

The bottom copy may be retained by the pospite

TO FUNERAL DIRECTOR: The law requestificate has been executed by the death certificate assembly should be d

	BEATS .		Gen Care of	Delica S.	
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1			ems 18 Film 242 5-11-59 ams	MENT OF HEALTH—BALTIMORE, 18	
		11	ems 10% Film 242 5-11-59 ams CERTIFIC	CATE OF DEATH	1)4937 Dist. No.
director,			LACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	
erol		1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	111ary Lane W.	d give nearest town)
y Tarium	5 8 2	1	NAME OF HOSPITAL (IF nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
d in b	and	3.	IAME OF ECEASED A First Middle	Lost 4. DATE Month	Day Year
ly filled	se 60	5. 5	(xype or print) (x) (x) (x) (x) (x) (x) (x) (The state of the s	2 9 19.59 DER 1 YEAR IF UNDER 24 HRS
-	ath.	1000	make white widowed Divorced	Just 14, 1795, last birthday) Month	S Doys Hours Min. CITIZEN OF WHAT COUNTRY
		100	USUAL OCCUPATION (Give kind of work done during most of working life, eventif retired)	Ble-some	21.1.6.
	offer de	13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	hours	15. (Wg:	Y/S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address	, 5,4
nding	hin 72	1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Come love solist	INTRVAL BETWEEN
	hen pl		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral he	morrhage	onset and DEATH
by th	ony eve		Canditions, if any, which DUE TO Essential h	nypertension	2 yrs.
in. signed	i. D		gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>		
physicia as been	al, al,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	ut not related to the terminal disease condition given in P	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ficate h	the buriol	CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)	
al or of this cert	r use as	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not white of work at work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State
haspit	hed to rial, cr		21. I certify that aftended the deceased from $4/28$		last saw the decease
OR:	detact to bur		Solla la la	ath accurred atM, fram the causes and an tagget ADDRESS (Street, city or town, state)	DATE SIGNE
	registror prior		ACTUAL SIGNATURE AND AND STATE OF THE STATE	M.D. Steeseery, Mich	4 mp 1.
ERAL	3 should gistror pr	220	NAME (Type)	OR CREMATORY 22d. LQCATION (City, town, or count	
moy t	page the re		Surial 5/1/59 Firsty	Porksly	Va
A 15 (4 5 M 9/58		23.	Picker Courses Signature Address Park	sley by DATMAY 4 159 Cirtury &	
nn 7/30				// / / / / / / / / / / / / / / / / / / /	



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MARYLAND STATE DEPARTMENT OF HEALTH—I

4945

CERTIFICATE OF DEATH

Reg. Dist. No. 38

	PLACE OF DEATH a. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Worcester							ion)				
	b. CITY OR TOWN (If	outside carparate limi	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town))
	Salisbury 371 days				Ocean City 23x-2						1	
	d. NAME OF HOSPITA	AL (If not in hospital, s	ive street	address)		d. STREET ADDRESS					e. IS RES	IDENCE FARM?
L	Deer's	Head Stat	e Hos	spital		203 N	· 2nd	Street				NO
3.	NAME OF DECEASED	Fil		Middle		Lost	4. DATE	Mon	th	Do	y '	Year
	(Type or print)	Hat		Louis		Quillen	OF DEATH	Apr		1		1959
5.	SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIE	p 👸	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR	Hours	R 24 HRS. Min.
L	Female	White	WIDOWI	DIVORCED		May 28, 18	93	65 yrs.	Monnis	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	INDU	TRY 11. BIRTHPLACE (State	ar foreign o	country)	12. CIT	IZEN C	F WHAT	COUNTRY
	170052	_	0	WH HOM	5	Ocean	City,	Maryland		- 1	JSA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Rober	t C. Quill	en			Hat	tie He	enman				
15. (Ye		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. H	NFORMANT		Addi	ess			
	Unk	NO				Hospital Re	cords.	Salisbu	rv. M	arv	Land	
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]						INT	ERVAL BE	
	PART 1. DEATH WAS CAUSED BY: Generalized carcinomatosis ONSET AND E								DEATH			
	170 X DUE TO											
	Co of broad								3 ves	ars		
	gave rise to immediate OUT TO								AL U			
	cause (a), slating I lying cause lost.	he under-	200									
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS /	AUTOPSY
ATE			Man :	tiple scler	osis							RMED?
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING). (Enter noture of injury in	Part I or Par	rt II of item 18.)				
	OR CONTRIBUTING	CAUSE OF DEATH										
3	20c. TIME OF INJURY	Month, Doy, Ye	r 20d. II	NJURY OCCURRED	20e. PL/	CE OF INJURY fHome, form	n, 20f. (Cit	y or lown)		County)		(State)
MEDICAL	Hour a.m.	19	While of wor	Not while	* foc	tory, street, affice bldg., etc	:.)			,,		
2		61 1			h 01		Annil	7 50				
	1					19.58, to						
	alive on_Apr	741.4	, 19	22, and that	death	accurred at 1:15				he da		
П	ACTUAL	YV VI	0 - 11 .					ilreel, city or town,			1 /-	ATE SIGNED
	SIGNATURE	or - , Ance	com			w.o. Deer's H	ead Si	tate Hosp	ital		14/1	1/59
	PHYSICIAN'S NAME (Type)	L.V. Mal	dve,	M. D.		Salisbu	ry, Ma	ryland				
220	BURIAL, CREMATION	N. 226. DATE THEREC	F	22c. NAME OF CEME	TERY O	CREMATORY	22d. LOCA	TION (City, town, o	or county)		(State	e)
	SURIAL	114/5	9	E V 5	26	REEN	13	52UIX			M	1)
23.	FUNERAL DIRECTOR'S	SIGNATURE 3	ul	ADDRESS B	er	line Mar DATE	PR 6	TRAR 24b. REGIS	STRAR'S SIG	GNATU.	RE	

SE NEW YORK	TE OF DEATH	CERTIFICA	
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2000			
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A LONDON DE LA COMPANION DE LA			
		The Paris of the Paris of the Paris	
			196 10.12

he hospital or ottending physician.

TOR: After this certificate has been signed by the attending physician and completely filled in by the unit of the control of the cont the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after page 3 should be detoched for use as the burial-transit permit.

TENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 moy be retained TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4946

CERTIFICATE OF DEATH

 $\underset{\text{Reg. Dist. No.}}{04939}$

1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE	o. COUNTY	efare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate lin	nits, write RURAL and give	nearest tawn)
d. NAME OF HOSPITAL (If nat in haspital, give street of Name of National Control	address).	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
	SPITAL	KTDF	F 5	YES NO
3. NAME OF First DECEASED (Type ar print) ANNA First	Middle MAR14	RASS 4. DATE OF DEATH A	Manth RIL 1	Day Year 5 1959
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AG	1 1 1 1	AR IF UNDER 24 HRS.
FEMALE WHITE WIDOWE	ED DIVORCED	1-1-1905 5	birthday) Manths Day	s Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during mast of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	11011-	14. MOTHER'S MAIDEN NAME	2	3 / 7
JOHN HAN	COCK	EDNA RIT	TCHIE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or urknown) (If yes, give wor or dates of service)	2.1-03-1187	Wilton Rose	- Dulma	me
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mypcard	tial In Lance	6	NTERVAL BETWEEN POSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Co				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of i	item 18.)	
ODE WITH COLUMN AND STREET STR	Nat while fa	ACE OF INJURY (Hame, farm, 20f. {City ar tav ctory, street, office bldg., etc.}	vn) (Caun	ty) (State)
21. I certify that I attended the decease	ed fram 4-15	1959, ta 4-15		aw the deceased
alive an 4-15 , 195	7, and that death	accurred at 7:55PM, from the c	auses and an the do	ate stated abave.
	1.0	ADDRESS (Street, c		DATE SIGNED
SIGNATURE LUICLU CX	· Elles - 7	M.D. Ja Ces lell	re, ald.	4-15-57
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	R CREMATORY 22d, LOCATION (City, tawn, or caunty) MAR —	DEL.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Lellma	24g. REC'D BY REGISTRAR DATAPH 21 '59	24b. REGISTRAR'S SIGNA Cultury & Hora	

PTAGE TO STADRINGS - 3466

Address of the land of the lan

director, iled with .5 Filled mave attending

00 signed burial-transit physician been removal. DIRE prior FUNERAL DIR the registrar

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VS A15 (4)

1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4969

CERTIFICATE OF DEATH

Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Wicomico b. COUNTY Wicomico Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) BURAL and give nearest town) Salisbury (Rural) Rural Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? R.D.# (Walston R.D.# (Walston YES TA NO T NAME OF First 4. DATE Middle Last Yeor DECEASED GEORGE WALTER SMITH APRIL 19 59 (Type or print) DEATH S. SEX 9. AGE (In years last birthdoy)
O yrs. 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Male Dec. 30.1890 White WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Employee (Manager) Bond Bakers Wicomico Co. Marvl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Washington Smith Mary E. Hearne 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT G. Smith (Wife) R.D.# Mrs.Henrietta YES sbury Maryland ston 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying cause lost CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) a. m. While Not while of work of work 21. I certify that I oftended the deceased from Lithat I last saw the deceased and that death accurred at 2:05 MM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S Dr. Thomas C. Hill Jr Pine Bluff Road Salisbury, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Wicomico Memorial Park Salisbury, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND DATE APR 9 arthur S. Knows

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			1 6 104 3	
BOLDHER, PROBULLIS DAO		V to the	The management	
				TO STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4970 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution; Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND muca b. CIPY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neorest-town) Much ofter d. NAME OF HOSPITAL III not in hospital, give street oddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO puo NAME OF First Middle 4. DATE Year OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (ly years last brithday) IF UNDER I YEAR IF UNDER 24 HR Months Days Min. WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY DIBITHPLACE (State or foreign county) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. APMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ ony Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while p. m. of work of work 21. I certify that I attended the deceased fram Zithat I last saw the deceased alive an and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL The Medical Center PHYSICIAN'S NAME (Type) Salisbury M. 225. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION 46 egod (Slote) EMOVAL (Specify) FUNERAL DIRECTOR'S, SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/57 Cirina

State of Commercial Co THE REPORT OF THE PARTY AND TH

please execrematian ğ .2 files. p 6 may Pages Page Give PM3 8 form n pencil in Item alang with far in Item certificate shauld be pending in iner's Office 00 used Exami should 3 to In Chief MEDICA forwarded to remaval DEPUTY

VS. A15ME(S)

SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4947 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4942 Reg. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Wicomico Mass. Suffolk MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) (Brighton) Salisbury Boston d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Pen.Gen. Hospital 1568 Commonwealth YES NO M NAME OF DATE First Middie Month Day Year (Type or print) LILLIAN STEWART DEATH APRIL 3rd 19 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH lost birthday! Months Hours Female White 3rd.1899 WIDOWED IX DIVORCED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? S Everette Mass. Unk House Work at Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward A. Galley Jeannette Procto eon A. Galley (Brother) #70 Neponset Ave Dorchester, Mass. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Mr. Leon 16. SOCIAL SECURITY NO. No 18. CAUSE OF DEATH [Enter only one cause per line fof (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES X ol NO [200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 per Port 11 of item (8.) WEDICAL Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY (City or Jown) (County) (Stote)(factory, street, office bldg., etc.) While Not while 195 at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and find that Suicide | death resulted from: Natural causes Accident , Hamicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 1959 April NAME (Type) Dr. Earl Royer DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mt. Hope Cemetery Buria] Apr. 7 .1959 Boston, Mass. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY * SALISBURY MARYLAND

MINES TO BEAUTIFICATE OF DEATH . 20 1 37 295 27 . TEM. (" STORES")

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4948

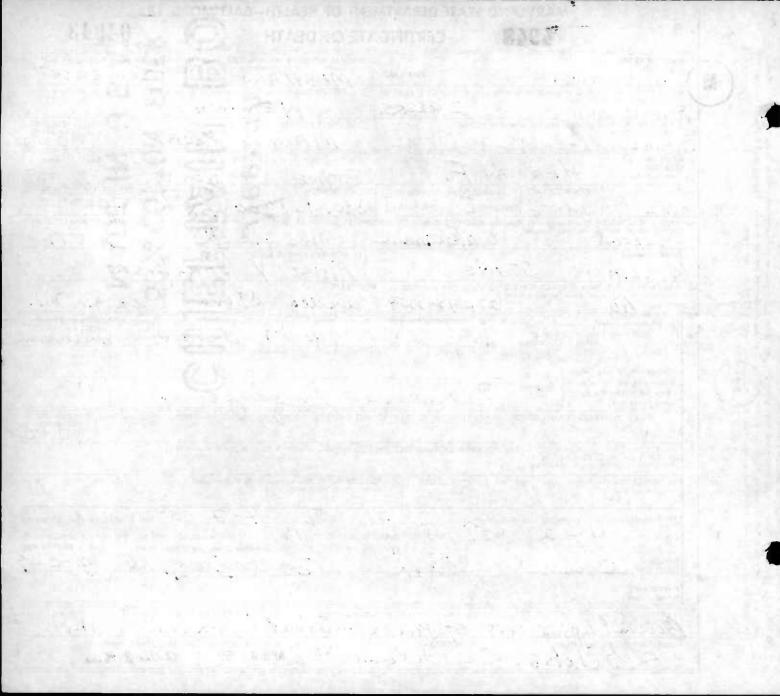
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEA	тн		2. USUAL RESIDENCE (WI		COLINITY	
	comico	MARYLAND	MARYLA	ND	2017	ERSEI
	WN (If outside carporate limits, give nearest town)		c. CITY OR TOWN (IF		, write RURAL and giv	re nearest town)
SALL	SBURY	2 WEEKS,	Nº	ENONA	19x	(-d- 1
d. NAME OF H	IOSPITAL (If not in hospital, give	street address)	d. STREET ADDRESS	P		e. IS RESIDENCE ON A FARM?
ENINS	ULA (-ENERA	L HOSPITAL	MAIN		OAD	YES NO
3. NAME OF DECEASED (Type or print)	HERM	AN F, Middle	STINE	4. DATE OF DEATH A P	Month BIL 2	Day Year 19.59
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (lost bi	In years IF UNDER 1	YEAR IF UNDER 24 HRS.
MALE	WHITEW	IDOWED DIVORCED	DEC.21-10	100 50	yrs. Months D	oys Hours Min.
o. USUAL OCCI	JPATION (Give kind of work don f working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDU	JSTRY 11. 8IRTHPLACE (Stote	or fareign country)	12. CITIZE	N OF WHAT COUNTRY?
Deat	000	water man	- mar	ytand		1.5.A.
3. FATHER'S HAP	1		14. MOTHER'S MAIDENT	HAME, D	•	
NILL	IAM ST	INE	MARY	V. JAR	KINSON	
5. WAS DECEAS	DEVER IN U. S. ARMED FORCES	57 16. SOCIAL SECURITY NO.	INFORMANT	1	Address	> 1
/	Ya	220-12-2259	Prescella	Dline-	Wen	one mi.
18. CAUSE C	F DEATH [Enter only one cause	per line for (o), (b), ond (c).]	7 10	1 -		INTERVAL SETWEEN ONSET AND DEATH
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Degenuati	ul peace	Desla	asl .	un Curden
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	, if ony, which) (b)			1 1 19 9	Value of the little	
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PART 1	1. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU	T MOT RELATED TO THE TERM	INAL DISPASE CONDIT	TION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
						YES NO
OR CONTRIB	NT WAS UNDERLYING 20 UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of ite	m 18.)	
20c. TIME OF Hour		1 .	LACE OF INJURY (Home, farm octary, street, office bldg., etc	n, 20f. (City ar town)	(Co	unty) (State)
11001	p. m. 19	While Nat while at work at work				
21. I certi	fy that I attended the d	eceased fram 3 - 2	1 1959 ta	4-2	195 Ithat Llast	saw the deceased
alive an_	4-2	, 1957 and that deat	h accurred at // /k	PM. fram the car		
7 6 6		20.		ADDRESS (Street, city		DATE SIGNED
ACTUAL	Willow E	2.900 x	M.D. Fr	lealer	un Ml.	4-2-57
)	
PHYSICIAN'S NAME (Type)						
20. BURIAL, CRE	MATION 226. DATE THEREOF	22c. NAME OF CEMETERY C	OF CREMATORY.	22d AOCATION (Cit	y, town, ar county)	(State)
BOUND	at april5-19	59 ST- Paul:	5 mellodist	Win	onh	mo.
. FUNERAL DIRE	CTOR'S SIGNATURE	ADDRESS	240. REC		4b. REGISTRAR'S SIGN	
X	2 Wester	Deaporle	DATEAP	R 8 '59	arthur S. A	Kans

may be retained to the haspital or attending physician.

O FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the filed with page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with page 3 shauld be detached for use as the burial cremation, or remayal, and in any event within 72 hours after death. Heath. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after MS TO HOSPITAL OR AT MOY be retained (*) S 1 TO FUNERAL DIRE



FOR STATE HEALTH DEPT.

Q 4 should 10 FUNERA 40T

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4949MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY Wicomico MARYLAND Wicomico b. CITY OR TOWN IIf outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? 521 Race St/ YES NO 521 Race St. 3. NAME OF DATE First Middle Month Year DECEASED (Type or print) Hilda Tee DEATH 1959 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 8. PATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Dovs Hours WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Hollswy 13. FATHER'S NAME 17 INFORMANT EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Asphyxia Sudden IMMEDIATE CAUSE (o) DUE TO Third degree burns of 100 % body surface. Sudden. Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NOX 200. EXTERNAL CAUSE WAS PRIMARY TO TO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) Went to aid of mother Traxlaw when fire broke out. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Doy, Year 20c. TIME OF INJURY (Sigte) (County) factory, street, office bldg., etc.) White Not while to Salisbury Wicomico Md. Own home 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection T. Inquiry XI. and in my opinion death resulted from: Natural causes . Accident XI. Suicide . Homicide , Undetermined manner DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER TY NAME (Type) 220 BURIAL CREMATION. 226. DATE THEREOF 1220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 240 REC'D BY REGISTRAR 23. FUNERAUDIRECTOR'S SIGNATURE ADDRESS 24b. PEGISTRAR'S SIGNATURE Outhor I than

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VS A15 (4) 15M 9/58

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	4950	CERTIFICA	ALE OF DEATH		Reg. Dist	. No.	
	PLACE OF DEATH a. COUNTY	L-1-2-12	2. USUAL RESIDENCE (Where			e before admission)	
	Wicomico	MARYLAND	Mary	land "	COUNTY	020100	
	b. CITY OR TOWN (If autside carparate limits, write c. RURAL and give neorest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN HE quits	ide carporote limi	ts, write RURAL and gi	ve nearest tawn)	
	SALISBUAY	1/)24	X MYRIVITIA	HINH	Mardela		
	d. NAME OF HOSPITAL (If not in hospital, give street odds OR INSTITUTION	ress)	d. STREET ADDRESS	,,,,,,,		e. IS RESIDENCE	E
1	ENINSULA GENERAL	HOSPITAL			-	YES NO	
	NAME OF DECEASED (Type or print)	Maldo -	TAYLOR 4	OF DEATH AP	RIL	Day Year 2 195	7
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		1 1 2 2	YEAR IF UNDER 24 H	_
1	MALF WIDOWED	DIVORCED [2/2/1885	7	birthdoy) Months I	Doys Hours Min	1.
100	USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, eyen if retired)	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF WHAT COUNT	RY
	Carpenter Hous	ic LarbenTer	172xx 12	nd		1, 0.	
13.	FATHER'S NAME /// 12m TZY	104	14. MOTHER'S MAIDEN NAM	/Z	oking 7	ton	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.500	CIAL SECURITY NO. II	NFORMANT	matro	Address	MJ.	
_	In FAUSE OF PEARL IS	- (0, (0) 1, (0) 1		91101	1 10000	INTERVAL BETWEEN	_
	1B. CAUSE OF DEATH [Enter anly one coust for line for PART I. DEATH WAS CAUSED BY:	ar (o), (b), and (c).]	f 14	-		ONSET AND DEATH	H
	IMMEDIATE CAUSE (6)	napy as	very 100	Supply	212	3 Cains	_
	420.1 DUE TO	1 1	110	1			
	Conditions, if any, which) (b)	maying all	therosci	erose	2		
	gove rise to immediate DUE TO	1					
	lying couse lost.	0					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE COND	ITION GIVEN IN PART	1(o) 19. WAS AUTOP PERFORMED? YES NO	Ĺ
TIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter noture af injury in Par	rt I or Port II of ite	em 1B.)		
CER	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJUI Hour a.m. While at work	Not while	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or town	1) (Co	ounty) (Sto	ate
	21. I certify that I attended the deceased	front 11 asal 3	1) 195 9to Cy	5482	. 195 that I las	it saw the deceas	
	/ 1 / 1/ 1	491					
	alive on April 199	, and that death		TORESS (Street, cir.	ouses and on the	DATE SIGN	VE
	ACTUAL SIGNATURE ANT SE	lenne	M.D. Sales	Leepy 1	no Mi	ay 6, 195	,
	PHYSICIAN'S David J. G.	1/mixe	Szlisbo	14, N	13.		
220	P. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	2c. NAME OF CEMETERY O	RI CREMATORY 2	2d DECATION (C	ity, town, or county)	(Stote)	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REG'DU	-	24b. REGISTRAK'S SIG	NATURE	
-	River Bill	0/11/0 M	L. DATE	(1.28	arthur & #		

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VS A15 (4)

15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04946 4951 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND WICOMICO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salesbury d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO LENINS 4 4. DATE NAME OF Middle Month Year DECEASED DEATH (Type or print) (100 19 59 0 noma s IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Doys DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MAKFLAN

14. MOTHER'S MAIDEN NAME CHAN 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' uno 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: -aally IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of wark 21. I certify that I attended the deceased fram. 19___,that I last saw the deceased and that death accurred at 430 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 22g. BURIAL CREMATION. 22b. DATE THEREOF 22d. LQCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** DATE APR 2 4 '59 arthur & House

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-	may be retained the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cam page 3 should be detached for use as the burial-transproperment. Then please remove carbon page the registror prior to burial, cremation, or remavol, and in any event within 72 hours after death.	
7	10	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer geal	may be retained. Be haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the property page 3 should be detached for use as the burial-transformer. Then please remove carbon pages 1 and 2 shapes the registror prior to burial, cremation, or remaval, and in any event within 72 hours after death.	
15/	M 9/5B	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 152 1 CERTIFICATE OF DEATH R 04947

Trems 2.0.14 FirmG2	42 7-14-79 et Reg. Dist. 140.
1. PLACE OF DEATH G. COUNTY // COMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Maryland / Virginia Wiconico Accomack
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RUKAL and give nearest town)
RURAL and give neorest town)	04114Valada / Hamatana 83 / 3
d. NAME OF HOSPITAL (If not in hospital, give street address)	Salishury Horntown 3X-3 d. STREET ADDRESS e. IS RESIDENCE
ENINSULA GENERAL HOSPITAL	ON A FARM? YES NO
3. NAME OF DECEASED Robert First Whitney Middle (Type or print) Bally Bot/	Last 4. DATE Month Day Year OF DEATH APRIL 44 1955
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS lost birthdoy) April 4.1959 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS lost birthdoy) yrs.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUS during most of warking life, even if retired)	44 14 4 17 9 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Infant	Maryland U. S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Towns	102444111111624411 Solly Ditto
James Townsend 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. III	MA1116///We1165 Sally Pitts NFORMANT Address
(Yes, no. or unknown) (If yes, give wor or dates of service)	Address
No No	James Townsend . Horntown . Va.
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	emountage see to ONSET AND DEATH
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Canditions, if ony, which) (b) Church h	nonce les to
gove rise to immediate	·
couse (a), stating the under-	and the war is
lying couse last. (c) on the ute re	anexa
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Z Z	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. PU Hour o. m. 19 While at wark at wark	ctary, street, affice bldg., etc.)
21. I certify that I attended the deceased fram.	, 19, tgs, 19, that I last saw the deceased
alive on, 19, and that death	110
dive on, and that dealin	accurred atM, from the couses ond on the date stated above ADDRESS (Street, city or town, state) DATE SIGNE
SIGNATURE Henry Kahly	MD. Berley, mil.
PHYSICIAN'S NAME (Type)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, tawn, ar caunty) (Stote)
Burial 4/14/59 Horntown. Ce	Horntown, Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
61	- APR 1 0'59 Criting & Hand
balgar whorla New Church,	Va. DATE TO SO DATE.
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FOR STATE HEALTH DEPT

Page gry, please r. Page r files. Health, of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certifies, withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral different about defended for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ar its designated agent, prior to burial, cremation, or remayol, and in any event within 72 habitately death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4953 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04948

Reg. Dist. No

•		LACE OF DEATH						Vhere deceas			dence be	fore admi	ission)	
	Wicomico MARYLAND Maryland 6. COUNTY Wicom							ccmi	CO					
1	Ь	b. CITY OR TOWN It autside corporate limits, write RURAL and give nearest lown)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
		Salisbury, Md. 16 hrs.					X Parsonsburg							
-	d	. NAME OF HOSPITA	L OR INSTITUTION (f not in hos	pito), give street addre	ess)	d. STREET ADDRESS							
-		Pine Bluff State Hospital												
	3. 1	NAME OF DECEASED	Fin		Middle		Last	4. DATE OF	Montl	1	Day	Y	ear	
		Type or print)	Frai		L-e-	~	Truitt	DEATH	April			3 1	9 59	
	5. \$	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	€D □ 8.	DATE OF BIRTH		9. AGE (In years lost birthday)					
		Male	White	WIDOWE	DIVORCED	0 3	/17/1926		33 yrs.	Manths	Day Year Day Year 19 59 NDER TYEAR IF UNDER 24 HR TITHS Days Hours Min. 2. CITIZEN OF WHAT COUNTR USA OSPITAL INTERVAL BETWEEN ONSH AND DEATH ONSH AN	Min.		
	10a.	USUAL OCCUPATION	(Give kind of work of life even if retired)	done 10b. K	IND OF BUSINESS OF	R INDUSTR	Y 11. BIRTHPLACE (State	or foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?	
		Truck Driv					Maryland				USA			
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME	17 AT 6 19					
		Mines E	iward Trui	tt			Elsie M	fae Der	nnis					
		WAS DECEASED EVER	IN U. S. ARMED FO		SOCIAL SECURITY NO). 17. IN	FORMANT		Address					
1		To	in yes, give war or dates or	ren vice;	220-26-339	90 R	ecords of Pi	ne Bl	aff State	Hos	pita	1		
		18. CAUSE OF DEATH	I [Enler anly one cau	se per ling	(or (a), (b), and (c).						INTE	RVAL BETWE	EN	
4	PART I. DEATH WAS CAUSED BY:									ONSE AND DEATH				
		002X "	MMEDIATE CAUSE (6)	0	^	(),					-	Y		
		Conditions if on	Atak S	P	uluna	- 4	mla, e	-			V	10		
		gave rise to immedi	ate cause	-	-1	1		7			1	Jenne		
			iderlying			1					1			
	Conditions. if ony, which gave rise to immediate cause (a), stating the underlying cause tast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS PERFORMED?	AUTOPSY												
0	ATIC	PERFORMED?												
	IFIC	200. EXTERNAL CAUS	E WAS _ 20	DUE TO (c)										
		PRIMARY Or CON'	IRIBUTING []											
	MEDICAL	20c. TIME OF INJURY	Month, Day, Yee			20e. PLAC	E OF INJURY (Home, farm ry, street, affice bldg., etc.	20f. (City	or fown)	(C	ounty)		(Stote)	
	MED	Haur o.m. p.m.	19	While at wa		racia	y, sirear, arrice orage, erc.							
		21. I certify the	ot I took chorge	of the r	emoins describe	ed obov	e, held an Autops	y 🔲, Ir	spection [].	Inqu	iry 19	, on	d in my	
		opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner												
		1												
		SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED												
2		ASSISTANT MEDICAL EXAMINER									C			
L		EXAMINER'S AME (Type)	2 ~ 1. L	, K	OTEV		DEPUTY MEDICAL	EXAMINER [3		7-	3-7	7	
	220	BURIAL CREMATION	, 226. DATE THEREO	F.	22c. NAME OF CEME	TERY OR	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stote)	
	1	REMOVAL (Specify)	145/5	9	River	-si	de Cern	13	ulen		7	no	da	
	23.	FUNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS	7 .	0 0 240. REC'I	D BY REGIST				-		
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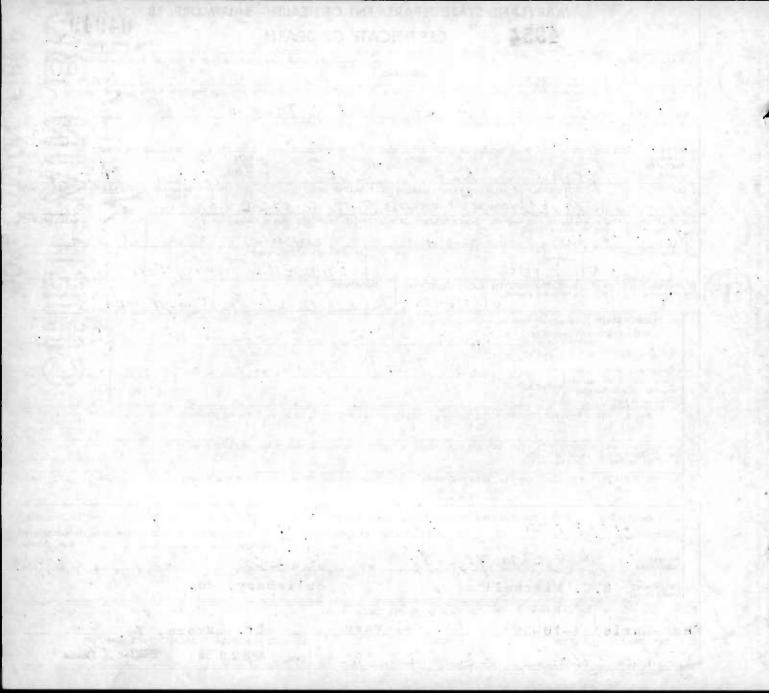
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an. n sign sit pe		couse (a), sto lying couse
shysicias beer al-tran	ATION	PART II
TO HOSPITAL OR AFCINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter geath. Page 4 may be retained to hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.	MEDICAL CERTIFICATION	20a. ACCIDEN OR CONTRIBU
ar after are as a se as a stian,	DICAL	20c. TIME OF Hour
JG PH spital er this far u crem	W	21. I certif
R: Aft ached buriol		olive on_4
R AZO		ACTUAL SIGNATURE
D HOSPITAL OR A may be retained (D FUNERAL DIRECTOR) Dage 3 shauld be the registrar priar		PHYSICIAN'S NAME (Type) BURIAL, CREA REMOVAL (SE
V be UNER UNER Jge 3 g regis	220	BURIAL, CREA
10 0 of the state	R.e.	REMOVAL (SE
VS A1S (4)	11	V90

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4954 CERTIFICATE OF DEATH Res

04949

Reg. Dist. No.

1	PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	1110011100	Maryland Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL/and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	PAJISBURY & JUGS	XITUITIONG
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum_{NO} \)
=	ENINDUIA GENERAL MOSPILAL	
3	NAME OF DECEASED (Type or print) Vernon Lee	JUNES DATE Month Pay Year OF DEATH APRIL 144 195
S	SEX / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
L	MA/EL CO/ORED WIDOWED DIVORCED	Oct 4: 1920 38 Worthday) Months Days Hours Min.
1	Da. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Pump Tender Pactory	Virginia U.S.A.
1	S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Oscar H. Tynes	Isobella Turlington
N	S. WAS DECEASED EVER IN U. S. ARMED/FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
	(If yes, give war or dates of service) 212-16-1557 L	elia Tynes - Fruit land, Mid.
	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
L	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Scula Wrident Ldays
	1331X DUE TO L	, //)
П	Conditions, if ony, which)	1 His Ketterson .
	gove rise to immediate	1 / for your
	couse (a), stating the under-	
	lying couse last. (c)	T NOT BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART VALUE WAS ALITOPS!
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?
		YES NO
To the state of th	E 206. ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCURRI C OR CONTRIBUTING [] CAUSE OF DEATH I (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
1;	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State
0.00	Hour a.m. While Not while for	octory, street, office bldg., etc.)
1	p. m. 19 of work of work	11/11/11/11
1	21. I certify that I attended the deceased from 4-112	193 4, tog 4/14, 193, that I lost sow the decease
1	olive on 2/13/59, 19, and that deat	h occurred at /M, from the couses ond on the date stated abov
	1/2/2/2 (1/1/	ADDRESS (Street, city or town, stole) DATE SIGNE
	SIGNATURE AR MITTURE	M.D. Salubury, hit 4/14
	PHYSICIAN'S R.C. Mitchell	Salisbury, Md.
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, ar caunty) (State)
R	REMOVAL (Specify) emo-Burial 4-19-59 Mt. Calar	vary Nr. Exmore Va.
-	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	V. Goras TUmas Oceanas.	The DATE APR 20'59 Orthun & Knows



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eath. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO 4955

CERTIFICATE OF DEATH

ORE, 18	4:	350	
Reg. Dist.	No		
If institution: Residence			
s, write RURAL and giv)
IVID	2	3 X -	2
AAVE			FARM?
PRIL :	27	7	Yeor 19 5 9
(In years IF UNDER 1 Months D	oys	Hours	Min.
44 8.		S	OUNTRY?
VILLIAM	45		*
Address GAN CIT		N	In
DAN CIT	ON:	ERVAL BE	DEATH
		/	

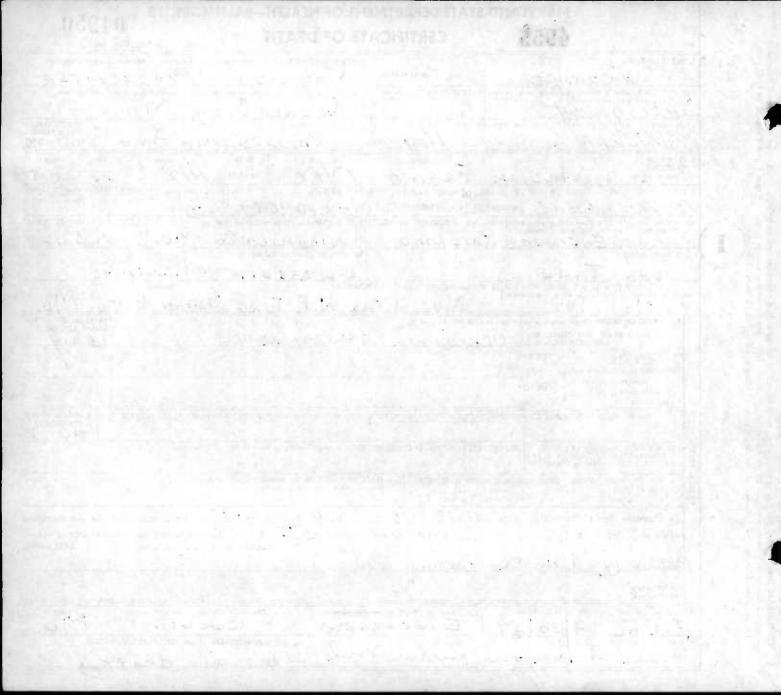
- 1		
	1. PLACE OF DEATH O. COUNTY VICOMICO MARYLAND 2. USU 0. 5	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) ALE B. COUNTY CROSTER V. BN D
		TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		TREET ADDRESS CHILADELPHIA AVE CON A FARM? YES NO IN
	3. NAME OF DECEASED (Type or print) VILLIAM FRANK	VRE 4. DATE OF DEATH APRIL 27, 195
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE WIDOWED DIVORCED DIVORCED	9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HR. Months Doys Hours Min.
1		BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME 14. MG	VICOMICO CO. 110 U. S.AL
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMA	LIZABETH MILLIAMS
-	(Yes, no, or unknown) (If yes, give wor or dates of service)	W. F. TYRE OCGAN CITY /D.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COLLOCAL F-C	conliner onset and death
	Conditions, if ony, which (b)	
	gove rise to immediate couse (a), stating the under-lying couse lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 17
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of work	NJURY (Home, form, 20f. (City or town) (County) (State) et, office bldg., etc.)
	11 00 00	959, to 4-37, 195, that I last saw the deceased
	ACTUAL SIGNATURE 1 126 COLO Q- COLOS AM.D. M.D.	ed at 2 F.M., fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
	PHYSICIAN'S NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMA EVEC FREE EVEC FREE	
	23. FUNERAL DIRECTOR'S SIGNATURE Bubye Berlin m	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 1 159

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the mineral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremotian, ar remaval, and in ony event within 72 haurs after death

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

TO HOSPITAL OR A VS A15 (4) 15M 9/58

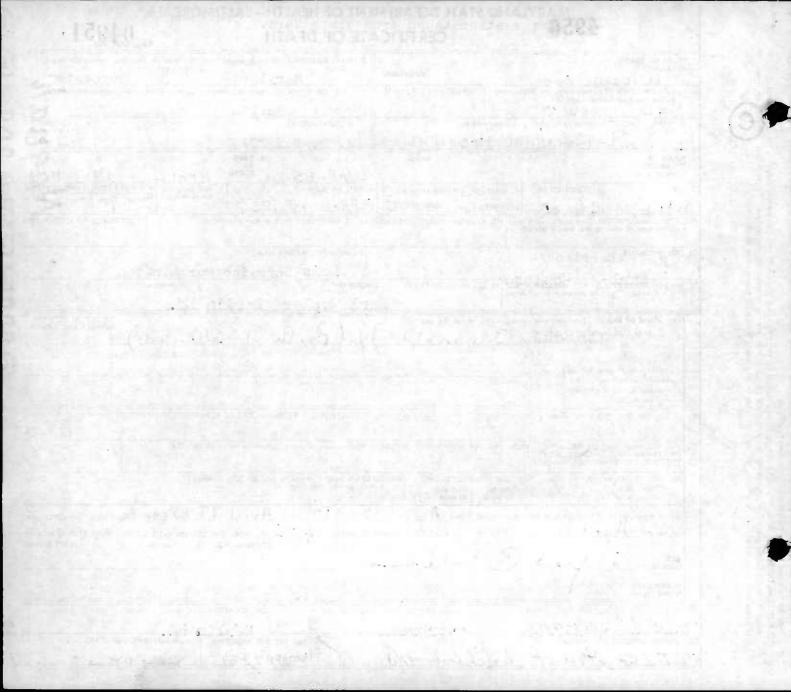


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VS A15 (4) 15M 9/58

MARYLAND STA	TE DEPARTMENT OF HEALTH	-BALTIMORE, 18
4956nformation	TE DEPARTMENT OF HEALTH taken from birth Cert CERTIFICATE OF DEATH	et (14951

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
WICOMICO MARYLAND	Maryland b. COUNTY Worcester
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
SALISBURY	Berlin 23x.2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
PENINSULA GENERAL HOSPITAL	P. O. Box 202 YES NO
3. NAME OF First Middle	Last 4. DATE Manth Day Year
(Type or print)	WAPLES DEATH APRIL 17 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE COLORED WIDOWED DIVORCED	APRIL 15, 1959 last birthday) Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harrison	14. MOTHER'S MAIDEN NAME
L	Lois Lorraine Worthington
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	
	arl Waples Berlin Md.
18. CAUSE OF DEATH [Enler anly one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Thin Sturi	1) (Birthw 610 gms)
776 X DUE TO	
Conditions, if any, which)	
gave rise to immediate	
lying course last	
, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
O TANK O THE STORM CONTINUE CONTINUE TO SEATT BUT	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CAUCAL CAUCAGE 200. ACCIDENT WAS UNDERLYING CAUCAGE 200. ACCIDENT WAS UNDERLYING CAUCAGE 200. DESCRIBE HOW INJURY OCCURRED (If EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Part I or Port II of item 18.)
	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
While Not while of work of work	nory, sheer, office blugs, etc.)
21. I certify that I attended the deceased from Avil 1	5 , 1959, to April 17, 1957, that I last saw the deceased
The state of the s	1931, to A Villi, 1921, that I last saw the deceased
alive an MY 11 1 195 T , and that death	occurred at 14.32 M, from the causes and an the date stated abave.
ACTUAL CON DO COD	ADDRESS (Street, city or lown, state) DATE SIGNED
SIGNATURE	M.D
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, ar county) (State)
burial 4/17/59 evergreen	Berlin Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
Met - thurst date and mil	
cuman of security some of the	DATEAPR 2 2 '59 Outling & Hand
20 X 2 2 # 1/ Y V A	



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req	cian.	en si	snsit	000
e lav	physic	as be	al-tro	aval,
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CIAP	attend	rtifico	ss the	in, ar
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NG P	spita	ler th	far	, cre
INDI	ho	AF	hec	<u>.</u>
	P.	ت	S	2
ALL	9	Crex:	detac	r ta bu
OR ALL	ined i	DIRECTOR:	ld be detacl	priar ta bu
ITAL OR ALL	retained i	RAL DIRECTOR:	shauld be detacl	strar priar ta bu
TO HOSPITAL OR AZZENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained if e haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the contraction of the contract	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with	the registrar priar to burial, cremation, ar remaval, appear any eyent within 72 haurs after death.

	MARYLAND	STATE DEPARTM	ENT OF HEALTH-	-BALTIMORE, 18	
	4957	CEPTIEIC	ATE OF DEATH		04952
		CERTIFICA	AIE OF DEATH	Reg.	Dist. No.
	PLACE OF DEATH		2. USUAL RESIDENCE (Where q. STATE	deceased lived. If institution: Resi	dence before admission)
	Wicomied	MARYLAND	MARYLAN	b. COUNTY	205768
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		ide corporate limits, write RURAL o	nd give nearest town)
2	ali 3 bunu		135RUI	N 2	3x-2
1	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	70==	e. IS RESIDENCE ON A FARM?
K	min Sula Ginera	al Hospital	- (RONSHI	IRE) RID	YES NO
-	NAME OF First DECEASED Type or print)	Middle	Lost 4	DATE OF Month	Day Year 19.59
5. :	EX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
7	nahe white WIDOWE		MAY 3 189	Z lost birthdoy) Month	ns Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or		CITIZEN OF WHAT COUNTRY?
		WN FARM	BERLI	NMD	U.S.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE	
	DENIGHL WARRE	314	MARTHA	HGNDERS	011
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. !	SOCIAL SECURITY NO.	NFORMANT	Address	0 17
	No No	NO 1	IRS ERNES	T WARREN	BERUNID
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	rebral H	emorthag	4	3 weeks
	33/X DUETO	11	+	1	
	Conditions, if ony, which	rebral ar	deresel	evores	
	gove rise to immediate DUE TO				
	lying couse lost. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN I	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port	t I or Port II of item 1B.)	7
MEDICAL (20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While		ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)

21. I certify that I attended the deceased fram alive an and that death accurred at

195 That I last saw the deceased from the couses and an the date stated above. ADDRESS &Street, city DATE SIGNED

ACTUAL SIGNATURE_A PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

22c. NAME OF CEMETERY OR GREMATORY 6v

22d. LOCATION (City, town, or county) 3 GRUIN

(Stote) MD

23. FÜNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE JHEREOF

ADDRESS

240. REC'D BY REGISTRAR DATAPR 1 0 '59

246 REGISTRARY SUPPLATURE

VS A1S (4) 1SM 9/SB

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958		ENT OF HEALTH—BALTIMORE, 18 ATE OF DEATH
2	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: a, STATE b. COUNTY ARVIAN I
porote limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUR.

()4953 Reg. Dist. No.

1	O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
t	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	SAUSBURY	BERLIN 23X-2
ľ	d NAME OF HOSPITAL II not in hospital, give street address	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
	[ENINSULA GENERAL HOSPILAL	YES NOTE
	3. NAME OF First Middle	Last 4. DATE Manth Day Year
	(Type or print) / / ARY 5THEL	WARREN DEATH HPRI 154 1959
1	S. SEX 6. COLOR OR RICE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACK (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min.
+	TEMPLE WILL WIDOWED DIVORCED DIVORCED	JUNG 8, 1896 62 yrs.
1	10a. USUAL OCCUPATION (Give kind of work done of lob. KIND OF BUSINESS OR INDL during most of working life, even if retired)	^
1	PACTICAL NURSE SELF EMPLOYED	14. MOTHER'S MAIDEN NAME
1	GEORGE EVANS	A B
1		INFORMANT Address
	(Yes, no, or unknawn) (If yes, give war or dates of service)	10 LIES WARREN BEALIN MO
1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: Brouchon	EUMONIA ONSET AND DEATH
	3 43 X DUE TO	
	Conditions, if any, which) (b) CNCENHOLI	Lis - Cause Undetermined 26 days
	gave rise to immediate couse (a), stoting the under-	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU CESS DVG QV TSVIOSC EVOS	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	5 CEREBRAL UNTERIOSCIEYOSI	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II af item 18.)
1		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
	p. m. 19 of work of work	
1	21. I certify that I attended the deceased from March	20, 1959, to [LVII 15, 1959, that I last saw the deceased
1	alive an April 1957, and that death	h occurred at 6 P.M. from the causes and an the date stated above.
1	ACTUAL THOMAS C 1/1000	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE THOMAS C: Hill,	M.D. Tale Buff Loan 1715 p
	PHYSICIAN'S NAME (Type)	Solibbury, Md
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	
-	BURIAL 7/25/59 645606	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SERVIN	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
-	L. M. Bokaling lasson	DAMPR 20 '59 Cirching S. Known

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death. Page 4

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR AT

VS A15 (4) 15M 9/5B

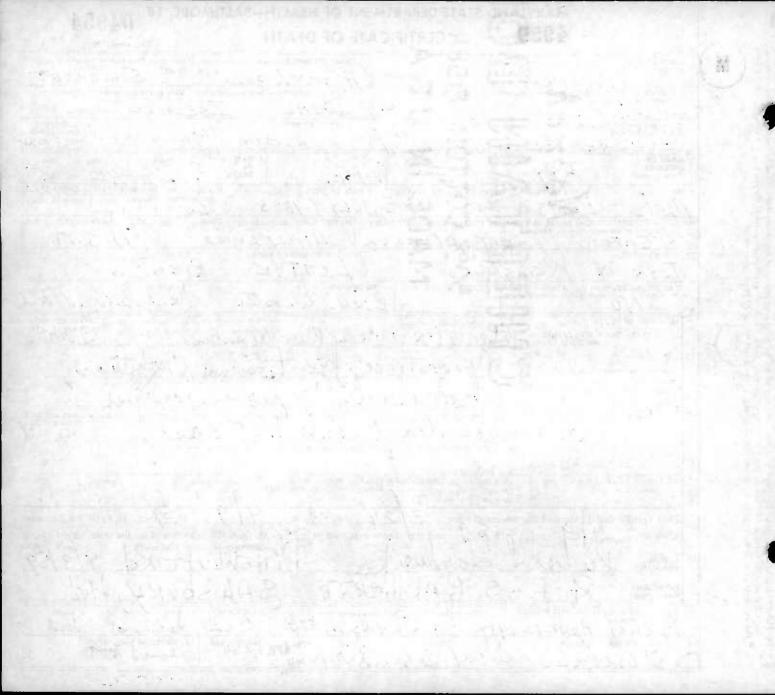
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4959

CERTIFICATE OF DEATH

04954

Reg. Dist. No.

3. NAME OF DECEASED IN U. S. ARRIED NOT HOUSE IN U. S. ARRIED OF WINDOWED OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 15. SEX 6. COLOR OR RACE 7. MARRIED NOVELOW DIVORCED SIGNIFICATION (Give kind of work done) 10c. USUAL OCCUPATION (Give kind of work done) 10c. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 11. BIRTHPLACE (Slote or foreign country) 12. CITIZENOF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAINE 15. WAS DECEASED EVER IN U. S. ARRIED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause page line for (g), (b), and (c).] PART I. DEATH WAS CAUSE (g) DUE TO Conditions, if ony, which give rise to immediate CAUSE (g) DUE TO CONTRIBUTION DIVING COUNTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (g) 19. WAS AUTOPSY PERFORMED. 17. YES CONTRIBUTIONS TO ALSE OF DEATH [If EITHER, NOTIFY MSDICAL SECURITY NO. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (g) 19. WAS AUTOPSY PERFORMED. 18. CAUSE OF DEATH [Enter only one cause page line for (g), (b), and (c).] 19. CONTRIBUTIONS TO CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (g) 19. WAS AUTOPSY PERFORMED. 19. CONTRIBUTION TO CAUSE OF DEATH [If EITHER, NOTIFY MSDICAL SECANINER] 19. DOBLETO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (g) 19. WAS AUTOPSY PERFORMED. 19. DOBLETO CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (g) 19. WAS AUTOPSY PERFORMED. 20. ACCIDENT WAS UNDERLYING TO COURSED (Enter noture of injury in Port I or Port II or Po			PLACE OF DEATH 2.	. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04955 CERTIFICATE OF DEATH 4960

S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) lost birthdor) 10st USAL OCCUPATION (Give kind of work done) 10st USAL OCCU	*****	4017	V						Keg. Dist.	140.	
RRAL ord give notest lown) Salisbury d. NAME OF HOSPITAL (If not in hospital, give street oddress) Deer's Head State Hospital 308 Hammond Street **ES SEX NAME OF HOSPITAL (If not in hospital, give street oddress) Deer's Head State Hospital 308 Hammond Street **ES NAME OF HOSPITAL (If not in hospital, give street oddress) Deer's Head State Hospital 308 Hammond Street **ES NAME OF DEATH April 11 195 **SEX Month Day Year Of DEATH April 11 195 **SEX HOSPITAL OF PARTIL DEATH April 11 195 **SEX HOSPITAL OF PARTIL DEATH APRIL (If not only one course per line for (o.), th), and (o.) In the partil of Hospital Records Salisbury, Marryland 13. FATHER'S NAME Deceased (Gordon White) 15. WAS DECEASED EVER IN U. S. ARMED ROKES' 16. SOCIAL SECURITY NO 17. INFORMANT Mrs. Marrian Hastiffer's (Niece) Sal. Hospital Records Salisbury, Marryland 16. CAUSE OF DEATH (Enter only one course per line for (o.), th), and (o.) PARTIL DEATH WAS CAUSED BY IN U. S. ARMED ROKES' 16. SOCIAL SECURITY NO 17. INFORMANT Mrs. Marrian Hastiffer's (Niece) Sal. Hospital Records Salisbury, Marryland 18. CAUSE OF DEATH (Enter only one course per line for (o.), th), and (o.) PARTIL DEATH WAS CAUSED BY IN U. S. ARMED ROKES' 16. SOCIAL SECURITY NO 17. INFORMANT Mrs. Marrian Hastiffer's (Niece) Sal. Hospital Records Salisbury, Marryland Due to Conditions, if only, which 18. CAUSE (o.) Generalized Carcinoma 18. CAUSE OF DEATH (Enter only one course per line for (o.), th), and (o.) PARTIL DEATH WAS CAUSED BY IN U. S. ARMED ROKES AND DEATH IN U. S. CAUSE OF DEATH (FIFTH HAS INDIFFERENCE TO IN U. S. DECEASED EVER IN U. S. ARMED ROKES AND DEATH IN U. S. DECEASED EVER IN U. S. ARMED ROKES AND DEATH IN U. S. DECEASED EVER IN U. S. DECEASED BY IN U. S. DECEASED EVER IN U. S. DECEASED EVER IN U. S. ARMED ROKES AND DEATH IN U. S. DECEASED EVER IN U. S. ARMED ROKES AND DEATH IN U. S. DECEASED EVER IN U. S. ARMED ROKES AND DEATH IN U. S. DECEASED EVER IN U. S. DECEASED EV	a. COUNTY	omico		MARY		Q. SIAIL		d lived. If instituti b. COUNTY			sion)
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10a. USUAL OCCUPATION (Give kind of work done during bife, even if retired) None 11. BIRTHPIACE (Stote or foreign country) None 12. CITIZEN OF WHAT COUNTRY NONE None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Deceased 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Gordon White) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Id. SOCIAL SECURITY NO. IV. INFORMANT Mrs. Marion Hasting's (Niece) Sal. Hospital Records Salisbury, Maryla 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), ond (c).] PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate course (o), toling the underlying course lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) OCCUPANT WAS UNDERLYING DECOMERD. (c) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 21. I certify that I attended the deceased from 1/1/59, 19, that I last saw the decale of the course (a), they work and the dote stated of ADDRESS (Street, city or town, stote) DATE S.	Female	White	WIDOW	ED DIVORCED	O A	oril 13. 1	885	73 yrs.	Months Do	ys Hours	Min.
None None None None None Maryland U. S. A. Maryland U. S. A. 13. FATHER'S NAME Deceased Deceased Deceased Ordon White) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. Unk. Unk. Hospital Records Salisbury, Maryla 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Generalized Carcinoma OSET AND DEA (b) Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORMED (E) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORMED (F) (C) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (F)	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	NDUSTRY	11. BIRTHPLACE (Sto	te or foreign o	ountry)	12. CITIZE	N OF WHAT	COUNTRY
Deceased (Gordon White) Deceased 14. MOTHER'S MAIDEN NAME Deceased 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Unk. Unk. Hospital Records Salisbury, Maryla Unk. Hosp	None	ing life, even if refired)	None		Mar	vland		U.	S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yet, give wor or dofter of service) Unk. 16. SOCIAL SECURITY NO. Unk. 17. INFORMANT Mrs. Marion Hastings (Niece) Sal. Hospital Records Salisbury, Maryla 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORMET YES NO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO PERFORMET YES NO. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Month of the Course of Injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year Month of the Course of Injury in Part I or Part II of item 18.) 21. I certify that I attended the deceased from 1/7/59, 19, 10, 11/59, 19, that I last saw the deceased of the course of the Course of Course, street, ciffice bidg., etc.] ADDRESS (Street, city or town, stole) DATE S		loopeed (C	orde		1		NAME SE				
Unk. Unk. Unk. Hospital Records Salisbury, Maryla Interval Records Salisbury, Maryla					17 10150	DALANT NO. NO.			/ >=-	1.5	
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gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORMED Secondary Anemia 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year While of work of the			1	Ca of Colo	n					?	
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Secondary Anemia Secondary Anemia Secondary An	PART II. OTH			ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I	01 19. WAS	AUTOPSY
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m., 19 While at work of work	EA.									PERFO	RMED
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m., 19 While at work of work of work 19 While at work 19 While at work 19 Not while at work 19 Not work 19 No	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH				nter nature of injury i	n Part 1 or Part	I II of item 18.)		120	
alive on 11/11/59 , 19 , and that death accurred at 1:58A M, from the causes and an the date stated a ADDRESS (Street, city or town, state) DATE S	20c. TIME OF INJURY	Month, Doy, Yes	While	_ Not while_	20e. PLACE foctory	OF INJURY (Home, for, street, office bldg., e	rm, 20f. (City	or town)	{Cou	nty)	(Stote)
alive on 11/11/59 , 19 , and that death accurred at 1:58A M, from the causes and an the date stated a ADDRESS (Street, city or town, state) DATE S	21 I cortify the	at Lattended the	docean	ed from 7/7/	50	10 4-	1/77/5	0 10			3
ADDRESS (Street, city or town, stote) DATE S		1./11/50							,that I las	t saw the	'deceased
	dive on	64/_164/_2Z	, 19	, and that	death ac	curred at 1:2					
TACTUAL PARTITION ATTO AT	ACTUAL	As 116110	77.61	1011					stote)	D/	TE SIGNED
SIGNATURE M.D. Salisbury, Maryland 4/11	SIGNATURE	74 1.700	, - 4	anc	M.D	Sal	isbury,	Marylan	d	4/	11/22
PHYSICIAN'S V. Juerman, M.D.		V. Juerm	an, l	1.D.		·					
220. BURIAL, CREMATION, Parsons Cemetery or CREMATORY Salisbury, Maryland (Stote) Parsons Cemetery Salisbury, Maryland											e)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR'S			1			-				
HOLLOWAY & COMPANY SALISBURY MARYLAND DATE	HOLLOWAY 8	& COMPANY	SA	ALISBURY I	MARYI	A ATT	rh 1 5 5	S Cum	mun & 7th	all by	

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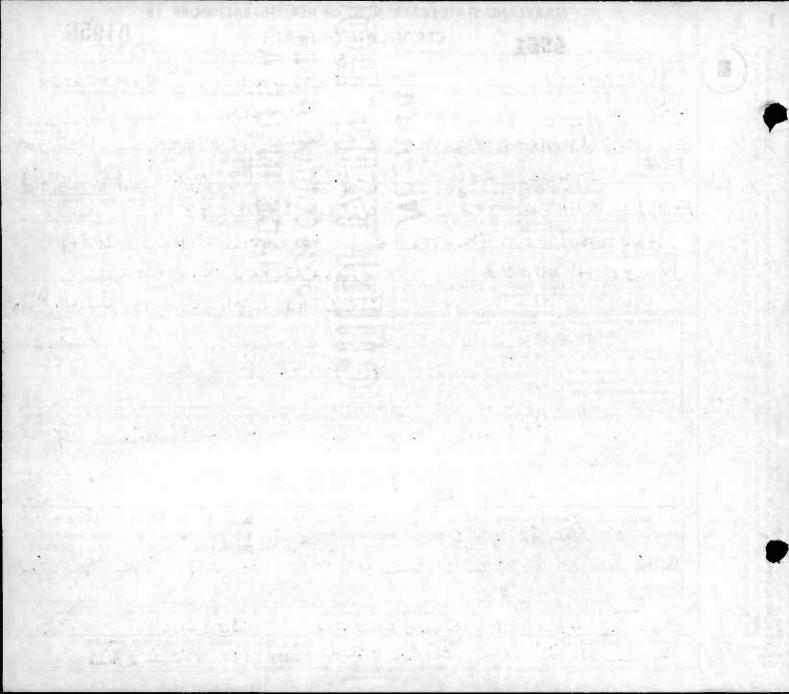
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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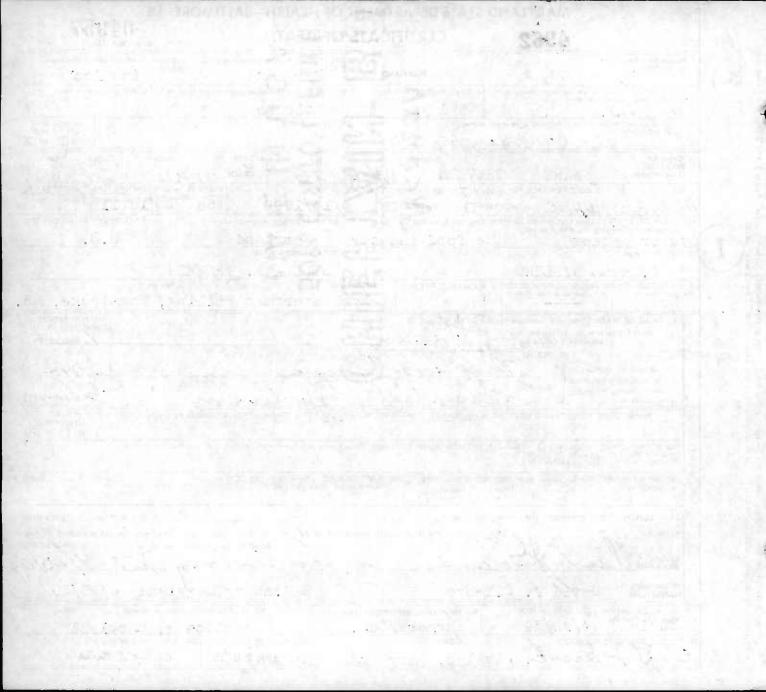
4961 CERTIFICATE OF DEATH

Reg. Dist. No.

1	1. PLACE OF DEATH	2.	USUAL RESIDENCE (Where deceased lived.	
1	o. county	MARYLAND	O. STATE BY ARVILAND	COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LE RUR#L and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	its, write RURAL and give nearest town)
	PALISHURY	INGC X	BERLIN	23x-2
	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	(5)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	TENINSULA GENERAL HO	SPITAL	OCEAM CITY	Hway YES NO DY
	3. NAME OF First	Middle \//	Last 4. DATE	Month Day Year
	DECEASED (Type or print) ETHEL RE	LE Wi	MAMS DEATH F	10RI (5th 1959
	S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. D	ATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED	DIVORCED -	TPRIL 3.1911 4	(birthdoy) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEVULEE OW	NHOME	NEWARK 1	10 USA
	13. FATHER'S NAME	1.	4. MOTHER'S MAIDEN NAME	
	JAMES H, MEBB.		ROSA BELLE R	ICHARDS
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. INFO	RMANT	Address D . IVI
	1110	1/0 1/	R. OTHO J. WILL	- IAMS PERUNITA
1	1B. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:	hal H	much as	Than
	331X DUE TO	100	Ell M	
	Conditions, if ony, which) to and	Grad a	Theroseleros	a malain
Н	gove rise to immediate couse (o), stating the under-			
	lying couse lost. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONE	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3 Severe Uterine	- (estrici	tes & andom	Chrefing YES NO D
	OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED. (E	inter noture of injury in Port I or Port II of it	tem 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While to twork to twork		OF INJURY (Home, form, 20f. (City or tow , street, office bldg., etc.)	n) (County) (State)
	p. m. 19 of work 0			
	21. I certify that I attended the deceased from	am april	, 1959 tap abil 8	, 195_fhat I last saw the deceased
	alive an 11 (151, 19/3)	L, and that death oc	curred at 10 D. M. from the co	auses and an the date stated abave.
	1 1 1 4 8 1		ADDRESS (Street, cit	ty or town, stote) DATE SIGNED
	SIGNATURE Rund / Sele	more MD	Statisting for	July 1959
	PHYSICIAN'S			
	NAME (Type)			
	PEMOVAL (Specify)	NAME OF CEMETERY OR CR		City, town, or county) (State)
	(DURIAL 4/11/39)	EVER GRE		
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS :	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
	True or Goods	price 11	DATAPR 1 4 '59	Civiling S. Knows



	4962		CATE OF DEAT			04957	
		CERTIT				, Dist. No.	
o. COUNTY	licomico	MARYLA	2. USUAL RESIDENCE (W		COLINITY	idence before odmi LCOMICO	ssion)
b. CITY OR TOW	N (If outside corporate limits, we nearest town)	rite c. LENGTH OF STAY IN	16 c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL	ond give nearest tov	wn)
SALIS 6	URY	6 days	X Nantico	ke			
OR INSTITUTION	1 1 1 1 2 2 2 2 2 2	The HOSPITAL	d. STREET ADDRESS			ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	First WARE	Middle TRAVERS	WILLING	4. DATE OF DEATH	PRIL	25,	Yeor
MALE	14411	MARRIED NEVER MARRIED DOWED DIVORCED [0/24/200	2 9. AG lost 5 6	E (In years IF Ut birthday) Mon	HOURS POYS Hours	7
Oa. USUAL OCCUP.	ATION (Give kind of work done vorking life, even if retired)	10b. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12	CITIZEN OF WHAT	COUNTR
yster p		Seafood ind				U.S.	
3. FATHER'S NAME	4 30 CT 11/2000 TO		14. MOTHER'S MAIDEN		THE		
	ARE WILLING	116. SOCIAL SECURITY NO. T	STELLA	M. TRAY	Address		
Yes, no, or unknown)	(If yes, give war or dates of service)			man Will		anticoke	a. M
		1000	myra Dvorb	man will	1116, 11		
	DEATH [Enter only one couse DEATH WAS CAUSED BY:	per line for (o), (b), and (c).]	r-			ONSET AN	D DEATH
11111	IMMEDIATE CAUSE (0)	July 1	ud-			1.me	nety
446)		Alople	0			34-	10
gove rise to	fony, which (b)	1 Charles (lest ses	4 0		Def.	1
lying couse to		asen Tee	I Herbert	PALDIN	1)	Toll	ear
	, (0)	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN	PART 1(o) 19. WAS PERF YES	ORMED?
OR CONTRIBUT	WAS UNDERLYING [] 20b. NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	JRRED. (Enter noture of injury in	Port I or Port II of i	item 18.)		3 1170
20c. TIME OF IN Hour o. p.	m. 10 V	20d. INJURY OCCURRED While Not while It work ot work	e. PLACE OF INJURY (Home, far foctory, street, office bldg., et		vn)	(County)	(Stol
21. I certify	that I attended the de	ceased fram	, 19, ta		that	I last saw the	deceas
alive an	1	1	eath accurred at				
1	11 -1/16	1//		ADDRESS (Street	ity or town, stote	DA	TE'SIGN
SIGNATURE	aux X de	Eller	_M.D. Sa	leaba	m K	1 4/	25/
PHYSICIAN'S NAME (Type)	Dayld J. C	lilmore	Sali	sbury,Ma	aryland	4/25/5	59
20. BURIAL, CREMA	TION, 22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY	22d. LOCATION (City, town, or cou	inty) (St	ote)
BUI'lal	" 4/28/59	Turners	Cem.	Nanti	coke. M	aryland	
3. FUNERAL DIRECT	1 // /	ADDRESS		D BY REGISTRAR	24b. REGISTRAR		
1 11	W Rancetto F	Bivalve, Mary	rland DATE	PR 2 8 '59	Challey	7 S. Thous	



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igned by the attending physician and completely filled in by the peral director, permit. Then please remove carban papers. Pages 1 and 2 shaved be filed with 1 in any event within 72-trans after death.	- 6
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04958

	4963	CERTIFIC	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	Wkcomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Wicomico
RURAL and give no	outside corporate limits, writers Salisbury		c. CITY OR TOWN (IF of Salish	oury (Ru	IRAL and give nearest town) Pal)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give str. Pen Gen Ho		d. STREET ADDRESS #23 Go	ordy Lane (R	D.#5) e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print)	First NELL TE		E WIMBROW	4. DATE Mont OF DEATH APRIL	
5. SEX Female	White wind	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec.14,1901	57 birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
House	ON (Give kind of work done 1 king life, even if retired) ORK at Home	None		ir fareign country) isbury, Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME JOSEPHU	US E. ADKINS			ERINE BROWN	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17	r.John M.Wim Lane (Box#23)	brow(Husband Salisbury	r) R.D.#5 Gordy Maryland
PART I. DEA Conditions, if a gave rise to it cause (a), stating lying cause last.	the under-	with &	ecertary to thes	acreatite Cloube	Survey Su
20 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. E CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
20c. TIME OF INJUR Haur a. m. p. m.	Wh	I. INJURY OCCURRED 20e. PL ile Not while fo vork at work	ACE OF INJURY (Home, farm, ictory, street, office bldg., etc.)	20f. (City or lown)	(County) (State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S DYNAME (Type)	//	5 9, and that death	M.D	.M, from the causes ar DORESS (Street, city or town, s	That I last saw the deceased and an the dote stated above DATE SIGNED Apr. 10, 159 Sbury, Maryland
22a. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	Apr.12/19	22c. NAME OF CEMETERY CO. 59 Wicomico I	Memorial Par	22d. LOCATION (City, town, or k Salisbut	county) (Stote) ry, Maryland
23. FUNERAL DIRECTOR'S HOLLOWAY	& COMPANY	ADDRESS SALISBURY MA	ARYLAND DATE APR	4 0 tma	TRAR'S SIGNATURE

	ADMITTED - CERTIFICA
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eral director, be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

D FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be exacted for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sho the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

TO HOSPITAL OR A may be retained by

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4964

CERTIFICATE OF DEATH

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	049	C
Reg.	Dist. No.	

PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE	(Where deceased			nce befo	ore admi:	ssion)
	Wicomico		MAR	YLAND	o. STATE Mar	yland	b. COUNTY	Bal	timo	re (City
b. CITY OR TOWN (RURAL ond give n	If outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside corpor	rote limits, write I	RURAL ond	give ne	arest tow	m)
	alisbury		227 day	s	Bal	timore		3 V	01	-4	V
d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRES	S				e. IS RE	SIDENCE
	's Head Sta	ate H	ospital		1029	Baltimo	re Stree	et			A FARM?
3. NAME OF DECEASED	Fir	st	Middl	e	Lost	4. DATE	Moi		Do	27	Year
(Type or print)	Andr	ew			Wisniewski	OF DEATH	Apr		2		1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR	RIED K	B. DATE OF BIRTH		9. AGE (In years		RIYEAR	IF UND	ER 24 HRS.
Male	White	WIDOW	ED DIVORC	ED 🔲	November 2	22, 1908	lost birthday) 50 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (S		ountry)	12. C	TIZEN C	OF WHA	COUNTRY
doring mast at war	king life, even if retired	'			Balt	imore, M	arvland		U	SA	
13. FATHER'S NAME					14. MOTHER'S MAIDE						
Fra	ank Wisniew	ski			Cvw	inski					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17. 1	NFORMANT		Add	Iress			
(Yes, no. or unknown) Unk	(If yes, give war or dates of s	ervice)			Hospital Re	ecords.	Salisbur	v. M	arvl	and	
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b), and (c)	1.1		,		J ,		ERVAL B	STIMEENI
	THE WAS CALIFED BY				C b				ON	SET AND	DEATH
1118X			cell card	Lnon	a of pharay	nx			1	.3 mc	onths
7 7 7	DUE TO										
Conditions, if o	mmediate (,				-			-		
couse (o), stoting									360		
lying couse last.) (c										
PART II. OIF	HER SIGNIFICANT CON	DIIIONS	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o)	PERFO	AUTOPSY DRMED?
2										YES [NO-E
(IF EITHER, NOTIFY	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter noture of injury	in Port I or Port	II of item 1B.)				
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yeo	While	NJURY OCCURRED Not while t of work	20e. PL	ACE OF INJURY (Home, I stary, street, office bldg.,	form, 20f. (City etc.)	ar town)		(County)		(Stote)
	at I attanded the			ct 7	8 , 19 <u>58</u> , to_	Anril 2	,50				
alive onA											
dive ona	21-1-2	, 17;	27_, and the	r death	accurred at 11:		the causes (eet, city or town,		the da		
ACTUAL SIGNATURE	6. 160	Color ale	6.6		Deerle		ate Hosp),	13/50
SIGNATURE					M.D. ,	Tread 50	a oc 1105 p			٠٠	12127
PHYSICIAN'S NAME (Type)	G. Kosmah	ly, i	M. D.		Salisbu	ıry, Mar	yland				
220. BURIAL, CREMATIO	N, 226 DATE THEREO	F	22c. NAME OF CEN	AETERY O	R CREMATORY	22d LOCAT	ION (City, town,	or county)		(Sto	le)
BREMOVAL (Specify)	yoril	7-5	7 0 1 0	Sta	nielaus	13 a	ttima	ne	m	1.	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS 19	30	24a. R	EC'D BY REGIST		STRAR'S SI			
Fred	U Uza	3-24	serdki 8	Pasi	Terry GO DATE	APR 6	59	Trillug	8-16	Aust	

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